

FACE SHEET

(See Instructions on Reverse)

1988 DEC -9 PM 4:04

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING
JAN 04 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

State Department of Social Services

(AGENCY)

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date:

12-8-88

RDB #0788-27

FILED

In this office of the Secretary of State
of the State of California

JAN 7 1989
At 4:53 p.m.
MARCH FONG EU, Secretary of State
By Paulo Luz
Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING
(See instructions)
Rosalie Clark, Chief, Regulations Development Bureau (916) 445-0313
2. Type of filing, (check one) ☐ 30-day Review ☐ Emergency ☒ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED: 63-079
SECTIONS AMENDED: 63-102c.(5); 63-300.23; 63-301.521 and .531; and 63-504.123(a), .362, .51, .611, .612, .618, .619, and .621
SECTIONS REPEALED: None
b. The following sections listed in 3a contain modifications to the text originally made available to the public: _____
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☒ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL: _____
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
September 9, 1988
b. DATE OF FINAL AGENCY ACTION
DEC -9 1988
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
Not applicable
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
a. ☐ Effective 30th day after filing with the Secretary of State.
b. ☒ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

effective date changed
per agency request 1/4/89
32

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets, if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

CERTIFICATE OF COMPLIANCE - Section 11346.1(e), Government Code

The Department of Social Services hereby certifies that it has complied with the provisions of Section 11346.4 through 11346.8 inclusive of the Government Code, within 120 days of the effective date of the following regulations which were filed with the Secretary of State on September 1, 1988, and which became effective on October 1, 1988.

Manual of Policies and Procedures, Division 63, Chapter(s) 63-000, 100, 300, and 500, Section(s):

63-079.1; 63-102 c.(5); 63-300.23; 63-301.521 and .531; and 63-504.123(a), .362, .51, .611, .612, .68, .619, and 621,

No amendments or repealers resulted from the public hearing held on October 26, 1988.



LINDA S. McMAHON
Director

12-8-88

Date

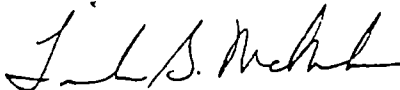
DELEGATED AUTHORITY ORDER

I hereby authorize and designate the following individuals as the agency contact persons who have authority, during the Office of Administrative Law review period, to make decisions and answer questions regarding regulations adopted by the Department of Social Services.

Rosalie P. Clark, Chief
Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.



Linda S. McMahon
Director

8-26-88
Date

63-079 IMPLEMENTATION OF REGULATIONS FOR EXPEDITED
SERVICES #3

63-079

- .1 Effective October 1, 1988 the CWDs shall implement the revised and adopted provisions. The sections affected are as follows: 63-102c.(5); 63-300.23; 63-301.521 and .531; 63-504.123(a), .362, .51, .611, .612, .618, .619 and .621.

Authority Cited: Sections 10553 and 10554, Welfare and
Institutions Code.

Reference: Sections 18902 and 18904, Welfare and
Institutions Code.

c. (Continued)

- (5) "Compliance with CWD Time Limits" means taking action within the time frames specified. If the last day for taking action falls on a Saturday the CWD shall take action on or before that date. When the last day for taking action falls on a Sunday or other holiday, as specified in Government Code Sections 6700 and 6701, the CWD shall take action on the next normal working day except for expedited service time frames as specified in Section 63-301.531.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10554 and 18902, Welfare and Institutions Code.

.2 Application Form and Form Deviation (Continued)

.23 Recertification of Monthly Reporting Households

Households which are subject to the food stamp monthly reporting requirements as specified in Section 63-505.2 shall have their food stamp eligibility redetermined by using the DFA 285-A1, DFA 285-A2, and the Monthly Eligibility Report (CA 7) for the budget month that corresponds to the first month of the new certification period.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 7 CFR 273.2(i)(2) and 7 CFR 273.21(q)(2)(iii)(4).

63-301 APPLICATION PROCESSING TIME STANDARDS (Continued) 63-301

•5 Expedited Service (Continued)

•52 Identifying Households Needing Expedited Service (Continued)

- 521 Households being recertified or applying after less than a one-month break in certification shall be entitled to expedited service if determined eligible in accordance with Section 63-301.51.

•53 Processing Standards (Continued)

•531 Expedited Service Households

- (a) For households entitled to expedited service at initial application, the CWD shall make the ATP or coupons available to the recipient either by mail or for pickup at the household's request, no later than on the third calendar day following the date the application was filed. For purposes of this section, a weekend (Saturday and Sunday) shall be considered one calendar day. However, if the third calendar day is a nonworking day when coupons cannot be issued, the CWD shall make coupons available on or before the working day immediately preceding the nonworking day. Whatever system a CWD uses to ensure meeting this delivery standard, shall be designed to allow a reasonable opportunity for redemption of ATPs no later than the third calendar day following the day the application was filed.

(1) For example, if the application is filed on Thursday, coupons must be made available to the households on Monday. However, if Monday is a holiday coupons must be made available on Friday or Saturday if coupons are issued on that day.

- (b) For households that are being recertified or applying after less than a one-month break in certification and which are

HANDBOOK

entitled to expedited service, the CWD shall make the ATP or coupons available to the recipient either by mail or for pick up at the household's request, no later than the third calendar day following the date the application is filed or by the household's normal issuance cycle in the new certification period, whichever is later. The third calendar day shall be determined in accordance with Section 63-301.531(a). (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 18914(b), Welfare and Institutions Code; and 7 CFR 273.2(i)(1).

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY 63-504
(Continued)

.1 Certification Periods (Continued)

.12 Additional Requirements for Establishing Certification
Periods for Monthly Reporting Households (Continued)

.123 Changes in Classification (Continued)

- (a) When all members of a currently certified NA household apply for PA benefits, the CWD shall inform the household that it may be recertified for food stamps at the time its PA eligibility is determined. In order to do so, the household shall submit an application for recertification and have a joint interview in conjunction with the processing of the PA application. If the household agrees to be recertified in accordance with the PA application, the CWD shall provide the household with the application forms (DFA 285-A1 and DFA 285-A2) necessary to recertify the household. If the household is determined to be eligible for PA benefits, a new food stamp certification period shall be assigned in accordance with Section 63-504.121.

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY 63-504
(Continued)

.3 Monthly Reporting (Continued)

.36 Termination (Continued)

- .362 If a household which has been terminated reapplies in the month following termination, the household shall be required to provide the CA 7 which is due in the month following termination. If the household was terminated in accordance with Section 63-504.361(b), it shall also be required to submit the missing CA 7(s) and the food stamp application forms (DFA 285-A1 and DFA 285-A2). The application shall be processed in accordance with Section 63-504.618(a). If the household

fails to provide the CA 7(s), the reapplication shall be denied.

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY 63-504
(Continued)

.5 Certified Monthly Reporting Households Applying for Aid in a
New County

- .51 The applications of households which were certified for Food Stamp Program participation in one county or state and which move to another county or this state and apply for benefits without at least a one-month break in certification, shall be treated as initial applications, except they shall continue to be retrospectively budgeted, as specified in Section 63-504.511. Households which have requested and are entitled to expedited service shall have their benefits available in accordance with Section 63-301.531(b).

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY 63-504
(Continued)

.6 Recertification of All Households

.61 General Requirements

- .611 The CWD shall complete the application process and approve or deny a timely application for recertification prior to the end of the household's current certification period and shall provide an eligible household with an opportunity to participate by the household's normal issuance cycle in the month following the expiration of the household's certification period. Entitlement to expedited service for households submitting applications for recertification shall be determined in accordance with Section 63-301.51. The CWD shall not continue benefits beyond the end of the certification period unless the household has been recertified. (Continued)
- .612 All households shall be provided a notice of expiration in accordance with Section 63-504.251. The CWD shall provide the household with application forms. The CWD may send the application forms with the notice of expiration and include an appointment date for an interview, or the application forms and appointment date for an interview, or the application forms and

appointment date may be mailed or given to household separately. (Continued)

.618 Failure to Submit a Timely Reapplication

Households which file an application for recertification after the appropriate date specified in Sections 63-504.613(a), (b), or (c), but by the end of the certification period, shall be considered to have made an untimely application for recertification.

Any household shall lose its right to uninterrupted benefits if it: (1) fails to submit a timely application for recertification unless eligible for expedited service and the application is filed at least three days prior to their next normal issuance date in the new certification period; or (2) fails to appear for an interview as specified in Sections 63-504.613(a) and .614. However, the household shall not be denied at that time, unless it refused to cooperate, or the certification period has lapsed and the CWD chooses to make denials at that time in accordance with Section 63-504.618(b). If the household is otherwise eligible after correcting such failures, the CWD shall, at a minimum, provide benefits no later than 30 days after the date the application was filed. (Continued)

.619 CWD Failure to Act

CWD failure to provide eligible households which filed a timely application for recertification and met all processing steps in a timely manner with an opportunity to participate in accordance with Section 63-504.617, shall be considered an administrative error. These households shall be entitled to restoration of lost benefits if, as a result of such error, the household was unable to participate for the month following the expiration of the certification period.

.62 Process for Recertifying and Action on Timely Reapplications for Monthly Reporting Households

- .621 The CA 7 shall be mailed to the household in accordance with its normal mailing time or along with the NEC in accordance with Section 63-504.251. Return of both the CA 7 and the

application forms is required to complete the recertification.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 18914(b), Welfare and Institutions Code; 7 CFR 273.2(i)(1) and (2), and 7 CFR 273.21(q)(2)(iii)(4).

OFFICE OF ADMINISTRATIVE LAW CERTIFICATION OF APPROVAL

FILED
In this office of the Secretary of State
of the State of California

JAN 17 1989
At 4:53 P.M.
MARCH FONG EU, Secretary of State
By Lorella Cruz
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 88-1209-03 C



LINDA STOCKDALE BREWER
DIRECTOR

1/14/89
Date

FACE SHEET

(See Instructions on Reverse)

1988 DEC -8 PM 1:08

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING

JAN 06 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

State Department of Social Services

(AGENCY)

John S. McNeil
AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date: 12-6-88

REGULAR

RDB #0318-15

In this office of the Secretary of State
of the State of California

JAN 06 1989

At 4:00 o'clock P.M.

MARCH FONG EU, Secretary of State

By *John S. McNeil*
Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions)
Rosalie Clark, Chief, Regulations Development Bureau (916) 445-0313
2. Type of filing, (check one) ☒ 30-day Review ☐ Emergency ☐ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED: 11-704; 11-706; 11-708; 11-711.1; 11-713.1, .4, and .5; 11-714; 11-715; 11-716; and 11-717.
SECTIONS AMENDED: 11-700; 11-701 (all); 11-703; 11-704; 11-705; 11-706.1; 11-707; 11-708; 11-711.4; 11-709; 11-712.21 and .31; and 11-713.2 and .3.
SECTIONS REPEALED: 11-709.1 and 11-711.1.
b. The following sections listed in 3a contain modifications to the text originally made available to the public: 11-708 (Title); 11-708.1 and .2; 11-711.11 and .12; 11-714.1, .11, and .12; and 11-715.1 and .2.
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☐ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
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☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
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☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
July 1, 1988
b. DATE OF FINAL AGENCY ACTION
DEC 06 1988
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
October 24, 1988-November 17, 1988
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
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b. ☐ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☒ Effective on 03-01-89 Designate effective date *later than* the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

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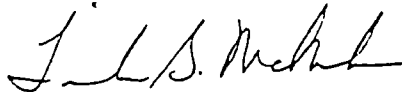
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Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.



Linda S. McMahon
Director

8-26-88
Date

Amend Section 11-700 (Title) and 11-701 to read:

CHAPTER 11-700 FRANCHISE TAX BOARD (FTB) AND INTERNAL REVENUE 11-700
SERVICE (IRS) TAX REFUND INTERCEPT REGULATIONS

11-701 DEFINITIONS

11-701

When used in these regulations, unless the context otherwise indicates:

(a.) (1) aAbsent parent -- means any individual who is absent from the home and who is legally responsible for providing financial support for a dependent child.

(b2) aAffidavit -- ~~is~~ means a sworn statement in writing made under oath or an affirmation before an authorized officer.

(c3) aArrearages -- ~~are~~ means unpaid child support payments for past periods owed by a parent who is obligated by court order to pay.

(d4) aAssignment of sSupport rights -- ~~is~~ means an AFDC eligibility requirement whereby all applicants/recipients must assign to the state all rights to support paid in their behalf or in behalf of a dependent child for whom assistance is sought or paid.

b. Reserved

c. (e1) eCertify -- ~~is~~ means to vouch formally under penalty of perjury for the accuracy of facts by a signed writing.

(f2) eChild sSupport -- ~~is~~ means a legally enforceable obligation assessed against an individual for the support of a dependent child.

(g3) eCustodial parent -- ~~is~~ means the person with legal custody under a court order.

d. (h1) dDistrict attorney -- means the single organization unit located in the office of the district attorney (County Family Support Division) in each California county charged with the responsibility for enforcement of support orders.

e. (Reserved)

f. (1) Franchise Tax Board (FTB) -- is means the state government agency in California responsible for collecting state income taxes.

g. (Reserved)

h. (Reserved)

i. (1) Initiating State -- is means the state in which a Uniform Reciprocal Enforcement of Support Act (URESA) proceeding is commenced and where the absent or custodial parent is located.

(2) Intercept -- means an amount of money taken from an obligated parent's state or federal income tax refund to satisfy a child support debt.

(3) Intercounty cases -- are means those cases in which another California county is involved in the tax intercept either as the submitting county or the county where the child support order was issued.

(4) Internal Revenue Service (IRS) -- is means the federal government agency responsible for collecting federal income taxes.

(5) Interstate cases -- are means those cases in which another state is involved in the tax intercept either as the submitting state or the state where the child support order was issued.

j. (Reserved)

k. (Reserved)

l. (Reserved)

m. (Reserved)

n. (Reserved)

o. (1) Obligation -- is means the amount of money to be paid as support by the absent or custodial parent pursuant to the terms of the court order.

(2) Order -- is means a direction of a magistrate, judge, or properly empowered administrative officer to a person, made or entered in writing.

p. (Reserved)

g. (Reserved)

(r.) (1) Registration -- is means a procedure set up by state law to adopt a judgment of a foreign jurisdiction as if it were from a California court. This procedure is used to enforce the foreign judgment in California.

(s2) Responding sState -- is means a state receiving and acting on an interstate child support case.

s. (t1) sSpousal sSupport -- is means a legally enforceable obligation assessed against an individual for the support of a spouse or former spouse who is living with a child or children for whom the individual also owes support.

t. (e1) IV-B or Title IV-D or IV-D -- of the Social Security Act (Sections 451, 452, 453, 454, 457, and 460) is means that portion of the federal law establishing and prescribing the Child Support Enforcement Program.

(u) Title IV-B -- see IV-B.

u. (v1) Uniform Reciprocal Enforcement of Support Act (URESA) -- is means a uniform law that sets forth reciprocal legislation concerning the enforcement of support between the states.

v. Reserved

w. Reserved

x. Reserved

y. Reserved

z. Reserved

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code.

Amend Section 11-703 (Title) to read:

11-703 ETP ELIGIBILITY REQUIREMENTS (Continued)

11-703

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code.

Adopt Section 11-704 to read:

11-704 IRS ELIGIBILITY REQUIREMENTS

11-704

.1 Eligibility for IRS intercept shall meet the following requirements:

.11 The Title IV-D agency shall have an assignment of support right as established in Section 402(a)(25) of the Social Security Act.

.111 A case shall contain a delinquent amount of child support established by a court of competent jurisdiction or an administrative process.

.112 The county is responsible for enforcing the child support obligation.

.113 Title IV-D welfare and nonwelfare cases are eligible.

.114 Interest charges may be included in the amount certified for offset by the IRS.

.12 Both AFDC and non-AFDC cases shall be submitted to the IRS and all welfare cases shall include an assignment of support rights.

.13 Title IV-D AFDC (welfare) case eligible requirements:

.131 The amount submitted is not less than \$150 and the support has been delinquent for at least three months or longer.

.132 In AFDC cases spousal support can be included into the amount submitted only when a single order exists for both spousal and child support.

.14 Title IV-D non-AFDC (nonwelfare) case eligible requirements:

.141 The support obligation amount due is owed to a minor or a person acting on his/her behalf.

.142 The total amount submitted is not less than \$500.

.143 The county shall review its records to determine if a nonwelfare case in arrears also has a welfare case with arrearage.

- .144 Spousal support is not eligible for certification and all orders which included spousal support shall be adjusted to exclude spousal support.
- .15 If the submitting county cannot verify the amount owed using a copy of the payment records, the custodial parent shall sign an affidavit attesting to the amount of the child support arrears.
- .16 The Title IV-D agency shall retain a copy of all pertinent child support orders. In non-AFDC cases the county shall obtain the custodial parent's current address.
- .17 Before submitting essential case information, the name and social security number of the absent parent and arrears owed shall be verified as correct by the county district attorney.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475.1, Welfare and Institutions Code; Section 65010, Civil Code of Procedures; Sections 402(a)(26) and 417(a)(17), Social Security Act; OCSE-AT-87-6(I)(A) and (E) (2); and 45 CFR 302.33; 45 CFR 303.72(a)(1), (a)(2), (a)(2)(i), (a)(2)(ii), (a)(3)(i), (a)(3)(ii), (a)(3)(iii), (a)(4)(i), (a)(4)(ii), and (a)(4)(iii); and 45 CFR 303.72(h)(6).

Renumber Section 11-704 to Section 11-705 and amend section title to read:

11-704~~5~~ UNIFORM RECIPROCAL ENFORCEMENT 11-704~~5~~
OF SUPPORT ACT (URES) SUBMISSIONS (Continued)

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code.

Adopt Section 11-706 to read:

11-706 INTERSTATE SUBMISSIONS

11-706

.1 The IRS Tax Refund Intercept Program is a federal enforcement program; therefore, registration of another state's court order in a California court is not required prior to submission to IRS.

HANDBOC

.2 AFDC Cases

.21 In intercept cases, only a county that has an assignment of support rights shall request collection by IRS refund offset.

.22 When a county is the submitting jurisdiction, it shall inform the responding jurisdiction of the submission and advise the responding jurisdiction when a collection is received.

.23 If a county submits a case for offset based on another state's child support order, the county shall comply with the other state's laws regarding tax offset.

.24 The URESA pre-offset notification shall be issued by SDSS.

.241 The counties shall submit Uniform Reciprocal Enforcement of Support Act (URESAs) initiating cases on IRS submission tapes/list.

.242 The notification shall include responding jurisdiction Federal Information Processing Standards (FIPS) code information.

.3 Non-AFDC Cases

.31 The jurisdiction with the court order or the jurisdiction where the custodial parent applies for services shall submit the certified arrearage to the IRS, but not both.

.32 Jurisdiction involved in the same case shall coordinate to certify an arrearage and submit the case only once.

.33 The submitting jurisdiction shall notify the other state's agency, that a case has been submitted to the IRS for non-AFDC cases.

.331 If an offset is received, the submitting county is responsible and shall notify the other state's agency of the collection.

.34 The case need not be a URESA case, but the FIPs code will be used like a URESA notification in order to report the submitted case information to the other state's agency.

.341 The court order does not have to be a California order.

.4 Interstate Submission/URESAs

.41 When a responding jurisdiction dismisses the court order and the case is closed, the court-order arrearage which accumulated before the dismissal shall be submitted for federal tax refund intercept if it still satisfies the eligibility requirement. The court order is valid up to the date of dismissal.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code; Section 1699(a), Code of Civil Procedure; Section 402(a)(26), Social Security Act; OCSE-AT-87-6(I)(2)(C); 45 CFR 302.33 and .33(a); and 45 CFR 303.52(f)(2)(i), 303.7(a)(3), (4), and (5), and 303.72(a)(1), (b), (b)(2)(iv), and (e)(1).

Penumber Section 11-705 to Section 11-707 to read:

11-7057 CERTIFICATION (Continued)

11-7057

Authority Cited: Sections 10553 and 11475, Welfare and
Institutions Code.

Reference: Section 11475, Welfare and Institutions Code.

Adopt Section 11-708 to read:

11-708 SUBMISSION CRITERIA FOR AFDC-FC CASES AND
STATE-ONLY AIDED CASES

11-708

- .1 All AFDC Foster Care (FC) cases shall meet the following submission requirements:
 - .11 The arrearage amount submitted shall not include any arrearage beyond the last full month prior to certification of the case.
 - .12 All federal FC cases with arrearages shall be submitted.
 - .121 State-only and County-only FC cases with arrearages shall only be submitted as non-AFDC IRS Tax Refund Intercept Program cases.
 - .13 Assigned arrearages accrued before going on aid shall be included into the AFDC/FC arrearage certification.
 - .14 For cases which go on and off aid, all arrearages shall be assigned through the last month aid is collected.
- .2 All non-Federal Unemployed (aid code 33) cases and non-Federal Family Group (aid code 32) cases shall be submitted as non-AFDC IRS Tax Refund Intercept Program cases.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code; 45 CFR 302.51(a)(4) and (5); and 45 CFR 303.72(a)(1) and (2).

Renumber Section 11-706 to Section 11-709; renumber Sections 11-706.11(a.)(b.)(c.) and (d.) to Sections 11-709.111, .112, .113, and .114, respectively; amend Section 11-709.113; and repeal Section 11-709.1 as regulation and place in handbook to read:

11-7069 INTERCEPT WARNING NOTICE TO ABSENT
PARENTS

11-7069

1 Absent parents will be notified by SOS prior to intercept that their name will be referred for FIB tax interception.

1 Absent parents will be notified by SOS prior to intercept that his/her name will be referred for FIB and/or IRS tax interception.

11 (Continued)

(a).111 (Continued)

(b).112 (Continued)

(c).113 The absent parent's right to contest the referral and request an administrative review within 30 days from the date of notice (see Section 11-709.12 for complaint procedure).

(d).114 (Continued)

HANDBOOK

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and 45 CFR 303.72(e)

Renumber Section 11-707 to Section 11-710; amend Section 11-710.1; and adopt Section 11-710.3 to read:

11-707~~10~~ UPDATES

11-707~~10~~

- .1 District Attorneys shall update at least monthly the arrearage amounts submitted to FBI and IRS when county information indicates that an erroneous or an excess amount will be intercepted if county action is not taken.
- .2 Updates shall be submitted in a manner prescribed by SOSS.
- .3 Arrearage amounts submitted to the IRS shall be permitted to be modified.
- .31 Modification is the adjustment of the original arrearage downward to a lesser amount or zero (-0-).

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code; 45 CFR 303.72(d)(2); 45 CFR 303.102(b)(2); and DCSE-AT-87-6(III)(A).

Renumber Section 11-708 to Section 11-711; remove all but first sentence in Section 11-711.1 from handbook and adopt as regulations in Section 11-711.12; adopt Section 11-711.11; amend Section 11-711.4; and restructure and amend Section 11-711.41 to read:

11-70811 DISTRIBUTION OF COLLECTIONS

11-70811

Intercepted refunds are forwarded to the district attorneys by SDSS. When two or more counties have submitted arrearages for the same taxpayer, the intercepted funds will be distributed first to the district attorneys with welfare arrearages with the funds going to the county with the largest arrearage first and then to the counties with lesser arrearages until all welfare arrears are satisfied. Next, the funds are distributed to the district attorneys with certified nonwelfare arrearages with the funds being applied to the largest debt first.

.1 Intercepted refunds are forwarded to the District Attorneys by SDSS.

.11 When a county receives a collection, the intercepted funds shall be distributed as follows:

.111 AFDC cases with federal participation,

.112 State-only aided cases,

.113 County-only aided cases, and

.114 Nonwelfare cases.

.12 When two or more counties receive a collection for the same taxpayer, the intercepted funds shall be distributed as follows:

.121 First to the county with the largest welfare arrearages.

.122 Then to the county with less welfare arrearages until all welfare arrears are satisfied.

.123 Then to the county with the largest certified nonwelfare arrearage. (Continued)

.4 If the amount collected and forwarded to a District Attorney exceeds the original certified arrearage, that

~~d~~District ~~a~~Attorney shall research the statewide master file for additional certified arrearages in other counties.

.41 If an additional certified arrearage exists in another county, the county shall:

.411 ~~e~~Confirm the obligation.

.412 ~~n~~Notify the absent parent, and

.413 ~~t~~Transfer the money to the other county(ies).

.42 (Continued)

HANDBOOK

Authority Cited: Section 10553, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and 45 CFR 303.72(h)(1) and (6).

Renumber Section 11-709 to Section 11-712 and amend Sections 11-712.213, .215(a), (b), and (c), and .315 to read:

11-70912 ADMINISTRATIVE REVIEW PROCEDURES
(Continued)

11-70912

.2 (Continued)

.21 (Continued)

.213 Audit its records and report the findings to the absent parent in writing. Written findings shall inform the absent parent of the right to a formal review as provided in Section 11-70912.3.
(Continued)

.215 (Continued)

(a) (Continued)

(b) Submit an update to FTB within five working days. For IRS updates, submit to SDSS within five working days.

(c) If a tax refund intercept has already been made, the District Attorney shall promptly return any excess money intercept to the absent parent (see Section 11-7103, Refunds of Instructions for Returning Excess Intercepts).

.3 (Continued)

.31 (Continued)

.315 Promptly ~~Notify~~ the absent parent of the results of the formal review in writing, and ~~Promptly~~ return any erroneously intercepted money to the absent parent (see Section 11-7103, Refunds of Instructions for Returning Excess Intercepts).

Authority Cited: Section 10553, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code.

Renumber Section 11-710 to 11-713 and amend title; renumber and amend Sections 11-710.1 and .2 to Sections 11-713.2 and .3; and adopt Sections 11-713.1, .11, .111, .4, and .5 to read:

11-7103 REFUNDS OF INSTRUCTIONS FOR RETURNING
EXCESS INTERCEPTS

11-7103

- .1 Before returning offset money, the statewide IRS master file shall be checked to assure the taxpayer appears on the list and to identify any obligation in another county.
 - .11 If the taxpayer is not listed, the county shall contact the SDSS Systems Unit. If the taxpayer is listed for another county(ies), the county shall contact the other county(ies) regarding intercept transfer arrangements.
 - .111 The county shall send the taxpayer a letter advising him/her of the transfer.
- .12 If there are no additional certified or uncertified arrearages in other counties, District Attorneys shall refund excess monies intercepted to the absent parent within fifteen working days from the day the excess intercept was identified, regardless of whether or not the District Attorney has received the intercepted funds.
- .23 When excess intercepted FFB monies which are refunded to the absent parent taxpayer by a District Attorney are returned by the post office as undeliverable, the monies county shall: be retained by the district attorney and shall not be returned to FFB.
 - .31 District attorneys shall research available county records for another address, using IRS address information whenever possible, and remail the refund if another address is available.
 - .32 Retain and not return the undeliverable monies to FTB or IRS.
 - .33 Deposit the over offset money into a special fund if a better address is not available.
 - .34 Hold monies for at least three years before disposition from the special fund.
- .4 The amount of money returned will never exceed the amount certified by the county, or the amount indicated on the

offset notice, whichever is less, unless the county is notified in writing of an additional payment through an IRS Overoffset Collection Report.

- .5 All monies returned to the taxpayer shall be paid in accordance with the name(s) on the offset notice.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and DCSE-AT-88-7 (II)(C)(2).

Adopt Section 11-714 to read:

11-714 IRS OFFSET FEES

11-714

- .1 The county shall pay an offset fee for AFDC and non-AFDC offsets. The county's share of the offset fee shall be deducted from the county's administrative advance.
- .11 The amount billed shall be based upon the number of offsets received each month by individual counties and the current IRS charge per offset.
- .12 The county shall claim monthly fee charges on the quarterly Title IV-D Child Support Expenditure Schedule and Certification claim form (CS 356.1 (11/85)).

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code;
45 CFR 302.33(c)(i); 45 CFR 303.72(h)(6)(i)(1);
and OCSE-AT-87-6(V).

Adopt Section 11-715 to read:

11-715 SUBMISSION AUDITS

11-715

- .1 Ten percent (10%) of the cases submitted for offset shall be reviewed annually by the counties. If findings warrant, an additional ten percent shall be reviewed. If the problem continues to occur, the sample shall be expanded to address all submissions.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and 45 CFR 303.72(a)(5).

Adopt Section 11-716 to read:

11-716 JOINT IRS RETURNS

11-716

- .1 All joint IRS returns and community property complaints concerning IRS tax refund intercepts shall be referred to the local IRS office.

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and 45 CFR 303.72(f)(2).

Adopt as Handbook Section 11-717 to read:

11-717 NEGATIVE IRS ADJUSTMENTS

11-717

- .1 If a county has made a refund to the taxpayer and has notified SDSS of this. DCSE shall inform IRS which will then notify the nonobligated spouse that no adjustment will made.
- .2 If the county has made no payment or partial payment to the taxpayer, IRS will proceed to make the appropriate refund to the nonobligated spouse and adjust the state's account. The adjustment will be passed on to the appropriate county(ies).

HANDBOOK

Authority Cited: Sections 10553 and 11475, Welfare and Institutions Code.

Reference: Section 11475, Welfare and Institutions Code and DCSE-AT-84-5 (Exhibit P) and DCSE-AT-84-5(12).

OFFICE OF ADMINISTRATIVE LAW
CERTIFICATION
OF
APPROVAL

FILED

In this office of the Secretary of State
of the State of California

JAN 06 1989

At 4:00 o'clock P.M.

MARCH FONG EU, Secretary of State

By [Signature]
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

OAL File No: 88-1208-02

[Signature]
LINDA STOCKDALE BREWER
DIRECTOR

1/6/89
Date

FACE SHEET

(See Instructions on Reverse)

RDB #1288-55

1988 DEC -8 PM 1:51

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING

JAN 09 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

Department of Social Services

(AGENCY)

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date:

12-6-88

FILED

In this office of the Secretary of State
of the State of California

JAN 09 1989

At 4:00 o'clock P.M.

MARCH FONG EU, Secretary of State

By Smilla Witz

Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions) TITLE TELEPHONE
Rosalie Clark, Chief, Regulations Development Bureau 445-0313
2. Type of filing, (check one) ☐ 30-day Review ☐ Emergency ☐ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☒ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title 22
SECTIONS ADOPTED:
SECTIONS AMENDED:
80018, 80024 through 80041, 84027, 87024 through 87036, 87568, and 87589
SECTIONS REPEALED:
b. The following sections listed in 3a contain modifications to the text originally made available to the public: _____
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☐ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL: _____
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER b. DATE OF FINAL AGENCY ACTION c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
N/A December 6, 1988 N/A
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
a. ☐ Effective 30th day after filing with the Secretary of State.
b. ☒ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(ii)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

TITLE 22**COMMUNITY CARE FACILITIES**

(Register 88, No. 34—8-20-88)

(p. 2303)

DETAILED ANALYSIS**CHAPTER 1. GENERAL LICENSING REQUIREMENTS****Article 1. General Definitions****Section**

- 80000. General
- 80001. Definitions

Article 2. License**Section**

- 80005. License Required
- 80006. Operation Without a License
- 80007. Exemption From Licensure
- 80008. Licensing of Integral Facilities
- 80010. Limitations on Capacity and Ambulatory Status
- 80012. False Claims

Article 3. Application Procedures**Section**

- 80017. Applicant Qualifications
- 80018. Application for License
- 80019. Criminal Record Clearance
- 80020. Fire Clearance
- 80021. Water Supply Clearance
- 80022. Plan of Operation
- 80023. Disaster and Mass Casualty Plan
- 80024. 36 Application/Renewal Processing Fees
- 80025. 4 Waivers and Exceptions
- 80026. 5 Bonding
- 80027. 6 Safeguards for Cash Resources, Personal Property, and Valuables
- 80028. 7 Initial Application Review
- 80029. 8 Capacity Determination
- 80030. 29 Withdrawal of Application
- 80031. 0 Provisional License
- 80032. 1 Issuance of License
- 80033. 2 Term of an Initial or Renewal License
- 80034. 3 Application for Renewal of a License
- 80035. 4 Submission of New Application
- 80036. 5 Conditions for Forfeiture of a Community Care Facility License

Article 4. Administrative Actions**Section**

- 80040. Denial of Initial License
- 80041. Denial of a Renewal License
- 80042. Revocation or Suspension of License
- 80043. Licensee/Applicant Complaints
- 80044. Inspection Authority of the Department or Licensing Agency
- 80045. Evaluation Visits

Article 5. Enforcement Provisions**Section**

- 80051. Serious Deficiencies
- 80052. Deficiencies in Compliance
- 80053. Follow-up Visits to Determine Compliance
- 80054. Penalties
- 80055. Administrative Review
- 80056. Exemption from Civil Penalties
- 80058. Unlicensed Facility Penalties
- 80059. Unlicensed Facility Administrative Appeal

TITLE 22**COMMUNITY CARE FACILITIES**

(Register 88, No. 2—1-9-88)

(p. 2305)

CHAPTER 4. SMALL FAMILY HOMES**Article 1. General Requirements and Definitions****Section**

- 83000. General
- 83001. Definitions

Article 2. Licensing**Section**

- 83009. Availability of License
- 83010. Limitations on Capacity and Ambulatory Status

Article 3. Application Procedures**Section**

- 83017. Applicant Qualifications
- 83018. Application for License
- 83020. Fire Clearance
- 83026. Safeguards for Cash Resources, Personal Property, and Valuables
- 83032. Term of an Initial or Renewal License

Article 6. Continuing Requirements**Section**

- 83061. Reporting Requirements
- 83064. Licensee Duties and Responsibilities
- 83065. Personnel Requirements
- 83068.1. Admission Procedures
- 83068.2. Needs and Services Plan
- 83068.3. Modifications to Needs and Services Plan
- 83070. Child's Records
- 83072. Personal Rights
- 83072.1. Discipline
- 83074. Transportation
- 83075. Health Related Services
- 83076. Food Service
- 83078. Responsibility for Providing Care and Supervision
- 83079. Activities

Article 7. Physical Environment**Section**

- 83087. Buildings and Grounds
- 83087.2. Outdoor Activity Space
- 83088. Fixtures, Furniture, Equipment, and Supplies

CHAPTER 5. GROUP HOMES**Article 1. General Requirements and Definitions****Section**

- 84000. General
- 84001. Definitions

Article 2. Licensing**Section**

- 84009. Posting of License

Article 3. Application Procedures**Section**

- 84018. Application for License
- 84022. Plan of Operation
- 84027. 6 Safeguards for Cash Resources, Personal Property, and Valuables

CHAPTER 7.5. FOSTER FAMILY HOMES

Article 1. General Requirements and Definitions

Section	
87000.	General
87001.	Definitions

Article 2. License

Section	
87005.	License Required
87006.	Operation Without a License
87007.	Exemption From Licensure
87007.1.	Certified License Pending Homes
87009.	Availability of License
87010.	Limitations on Capacity and Ambulatory Status
87012.	False Claims

Article 3. Application Procedures

Section	
87017.	Applicant Qualifications
87018.	Application for License
87019.	Criminal Record Clearance
87020.	Fire Clearance
87021.	Water Supply Clearance
87022.	Plan of Operation
87023.	Disaster and Mass Casualty Plan
87024. <u>36</u>	Application/Renewal Processing Fee
87025. <u>4</u>	Waivers and Exceptions
87026. <u>5</u>	Bonding
87027. <u>6</u>	Safeguards for Cash Resources, Personal Property, and Valuables
87028. <u>7</u>	Application Review
87029. <u>8</u>	Capacity Determination
87030. <u>29</u>	Withdrawal of Application
87031. <u>0</u>	Provisional License
87032. <u>1</u>	Issuance of License
87033. <u>2</u>	Term of an Initial or Renewal License
87034. <u>3</u>	Application for Renewal of License
87035. <u>4</u>	Submission of New Application
87036. <u>5</u>	Conditions for Forfeiture of a Community Care Facility License

Article 4. Administrative Actions

Section	
87040.	Denial of Initial License
87041.	Denial of a Renewal License
87042.	Revocation or Suspension of License
87043.	Licensee/Applicant Complaints
87044.	Inspection Authority of the Department or Licensing Agency
87045.	Evaluation Visits

Article 5. Enforcement Provisions

Section	
87051.	Serious Deficiencies
87052.	Deficiencies in Compliance
87053.	Follow-up Visits to Determine Compliance
87055.	Unlicensed Facility Penalties
87056.	Unlicensed Facility Administrative Appeal

Article 3. Application Procedures

80017. Applicant Qualifications.

(a) Any adult shall be permitted to apply for a license regardless of age, sex, race, religion, color, political affiliation, national origin, handicap, marital status or sexual orientation.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520 and 1528, Health and Safety Code.

80018. Application for License.

(a) Any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity desiring to obtain a license shall file with the licensing agency a verified application on forms furnished by the licensing agency.

(b) The applicant/licensee shall cooperate with the licensing agency in providing verification and/or documentation as requested by the licensing agency.

(c) The application and supporting documents shall contain the following:

(1) Name or proposed name and address of facility.

(2) Name, and residence and mailing addresses of applicant.

(A) If the applicant is a partnership, the name, and principal business address of each partner.

(B) If the applicant is a corporation or association, the name, title and principal business address of each officer and member of the governing board.

(C) If the applicant is a corporation which issues stock, the name and address of each person owning more than 10 percent of stock in such corporation.

(D) If the applicant is a corporation or association, a copy of the articles of incorporation, constitution and by-laws.

(3) Name and address of owner of facility premises if applicant is leasing or renting.

(4) Procedures as required pursuant to Section 1524.5 of the Health and Safety Code.

(5) The category of facility to be operated.

(6) Maximum number of persons to be served.

(7) Age range, sex and the categories of persons to be served, including but not limited to persons with developmental disabilities, mental disorders, physically handicapped and/or nonambulatory persons.

(8) Hours or periods of facility operation.

(9) Name of administrator, if applicable.

(10) Information required by Health and Safety Code Section 1520(d).

(11) Information required by Health and Safety Code Section 1520(e).

(12) Name, address and telephone number of the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office having jurisdiction in the area where the facility is located.

(13) A plan of operation as specified in Section 80022.

(14) Fingerprint cards as specified in Section 80019. 5

(15) The bonding affidavit specified in Section 80026(a).

(16) A health screening report on the applicant as specified in Section 80065(g).

(17) The fee for processing the application or renewal by the requested capacity as specified in Section 80024. 36

(18) Such other information as may be required pursuant to Section 1520(g) of the Health and Safety Code.

(d) The application shall be signed by the applicant.

(D) Arrangements for supervision of clients during evacuation or relocation, and for contact after relocation to ensure that relocation has been completed as planned.

(E) Means of contacting local agencies, including but not limited to the fire department, law enforcement agencies, and civil defense and other disaster authorities.

(c) The licensee shall instruct all clients, age and abilities permitting, all staff, and/or members of the household in their duties and responsibilities under the plan.

(d) Disaster drills shall be conducted at least every six months.

(1) Completion of such drills shall not require travel away from the facility grounds or contact with local disaster agencies.

(2) The drills shall be documented and the documentation maintained in the facility for at least one year.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1528 and 1531, Health and Safety Code.

80024.1³⁶ Application/Renewal Processing Fees.

(a) Except for residential facilities operated by public agencies, and adult day care facilities, an applicant or a licensee shall be charged a fee for processing the application or renewal.

(b) A fee shall be charged at the time of initial and renewal application.

(1) The fee charged at initial application shall be according to requested capacity as follows:

Capacity	Original Application
1-6	\$100
7-15	\$150
16-49	\$200
50 +	\$250

(2) The fee charged at renewal application shall be according to existing licensed capacity unless the licensee requests a lower or higher capacity. The fee schedule shall be as follows:

Capacity	Renewal Application
1-6	\$100
7-15	\$150
16-49	\$200
50 +	\$250

(c) No additional fee shall be charged when the licensee requests an increase in capacity during a licensing period.

(d) When a licensee moves a facility from one location to another, the application/renewal processing fee shall be as follows:

Capacity	Relocation
1-6	\$50
7-15	\$75
16-49	\$100
50 +	\$125

(1) To receive the reduced fee the following shall apply:

(A) The licensee shall have notified the licensing agency before actually relocating the facility.

TITLE 22**COMMUNITY CARE FACILITIES****§ 80026****(Register 88, No. 2—1-9-88)****(p. 2327)**

(B) The categorical type of facility shall remain the same when relocating the facility.

(C) The fee shall be by requested capacity at the new location.

(e) The application/renewal processing fee shall be nonrefundable.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1523 and 1524, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 80024 to Section 80025, and new Section 80024 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80025. ⁴ Waivers and Exceptions.

(a) Unless prior written licensing agency approval is received as specified in (b) below, all licensees shall maintain continuous compliance with the licensing regulations.

(b) The licensing agency shall have the authority to approve the use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects under the following circumstances:

(1) Such alternatives shall be carried out with provisions for safe and adequate services, and shall in no instance be detrimental to the health and safety of any facility client.

(2) The applicant or licensee shall submit to the licensing agency a written request for a waiver or exception, together with substantiating evidence supporting the request.

(3) (See Manual of Policies and Procedures)

(4) The licensing agency shall provide written approval or denial of the request.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1501, 1509, 1523, 1524 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 80025 to Section 80026, and renumbering of Section 80024 to Section 80025 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80026. ⁵ Bonding.

(a) The licensee shall submit an affidavit, on a form provided by the licensing agency, stating whether he/she safeguards or will safeguard cash resources of clients and the maximum amount of cash resources to be safeguarded for all clients or each client in any month.

(b) All licensees, other than governmental entities, who are entrusted to care for and control clients' cash resources shall file or have on file with the licensing agency, a bond issued by a surety company to the State of California as principal.

(c) The amount of the bond shall be according to the following schedule:

Amount Safeguarded Per Month	Bond Required
\$750 or less	\$1,000
\$751 to \$1,500	\$2,000
\$1,501 to \$2,500	\$3,000

Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(d) The licensee shall submit a new affidavit and bond to the licensing agency prior to the licensee safeguarding amounts of clients' cash resources in excess of the current bond.

(e) Whenever the licensing agency determines that the amount of the bond is insufficient to provide necessary protection of clients' cash resources, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency shall have the authority to require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to protect the clients' cash resources.

(f) The provisions of this section shall not apply if the licensee meets the requirements specified in Section 1560 of the Health and Safety Code.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1523, 1524, 1560 and 1561, Health and Safety Code.

HISTORY:

1. Editorial correction of subsection (c) printing error (Register 85, No. 20).
2. Renumbering of former Section 80026 to Section 80027, and renumbering of Section 80025 to Section 80026 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80027. ⁶ Safeguards for Cash Resources, Personal Property, and Valuables.

(a) A licensee shall not be required to accept for admission or continue to care for any client whose incapacities, as documented by the initial or subsequent needs appraisals, would require the licensee to handle such client's cash resources.

(b) If such a client is accepted for or maintained in care, his/her cash resources, personal property, and valuables not handled by a person outside the facility who has been designated by the client or his/her authorized representative shall be handled by the licensee or facility staff, and shall be safeguarded in accordance with the requirements specified in (c) through (n) below.

(c) Except where provided for in approved continuing care agreements, no licensee or employee of a licensee shall accept appointment as a guardian or conservator of the person, or estate, or person and estate of any client nor accept any general or special power of attorney except for Medi-Cal or Medicare claims for any client; nor become the substitute payee for any payments made to any client.

(d) Cash resources, personal property, and valuables of clients handled by the licensee shall be free from any liability the licensee incurs.

(e) Cash resources, personal property, and valuables of clients shall be separate and intact, and shall not be commingled with facility funds or petty cash.

(1) The above requirement shall not prohibit the licensee from providing advances or loans to clients from facility funds.

(A) Documentation of such transactions shall be maintained in the facility.

(f) The licensee or employee of a licensee shall not make expenditures from clients' cash resources for any basic services specified in these regulations, or for any basic services identified in a contract/admission agreement between the client and the licensee.

(g) The licensee shall not commingle cash resources and valuables of clients with those of another community care facility of a different license number regardless of joint ownership.

(h) Each licensee shall maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to his/her care, including, but not limited to the following:

(1) Records of clients' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each client. Supporting receipts for purchases shall be filed in chronological order.

TITLE 22**COMMUNITY CARE FACILITIES**

§ 80027

(Register 88, No. 2—1-9-88)

(p. 2329)

(A) Receipts for cash provided to any client from his/her account(s) shall include the client's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows:

"(full signature of client) accepts (dollar amount) (amount written cursive), this date (date), from (payor)."

(B) The store receipt shall constitute the receipt for purchases made for the client from his/her account.

(C) The original receipt for cash resources, personal property or valuables entrusted to the licensee shall be provided to the client's authorized representative, if any, otherwise to the client.

(2) Bank records for transactions of cash resources deposited in and drawn from the account specified in (i) below.

(i) Immediately upon admission of a client, all of his/her cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan, or credit union account meeting the following requirements:

(1) The account shall be maintained as a trust account separate from the personal or business accounts of the licensee.

(2) The account title shall clearly note that the account contains client cash resources.

(3) The licensee shall provide access to the cash resources upon demand by the client or his/her authorized representative.

(4) The account shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government.

(A) A local public agency shall have the authority to deposit such cash resources with the public treasurer.

(j) Cash resources entrusted to the licensee and kept on the facility premises, shall be kept in a locked and secure location.

(k) Upon discharge of a client, all cash resources, personal property, and valuables of that client which have been entrusted to the licensee shall be surrendered to the client, or his/her authorized representative, if any.

(1) The licensee shall obtain and retain a receipt signed by the client or his/her authorized representative.

(l) Upon the death of a client, all cash resources, personal property and valuables of that client shall immediately be safeguarded in accordance with the following requirements:

(1) All cash resources shall be placed in an account as specified in (i) above.

(2) The executor or the administrator of the estate shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said party in exchange for a signed, itemized receipt.

(3) If no executor or administrator has been appointed, the authorized representative, if any, shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed, itemized receipt.

(4) If the licensee is unable to notify a responsible party as specified in (2) or (3) above, the licensee shall give immediate written notice of the client's death to the public administrator of the county as provided in Section 1145 of the California Probate Code.

§ 80028
(p. 2330)

COMMUNITY CARE FACILITIES

TITLE 22

(Register 88, No. 2—1-9-88)

(m) The following requirements shall be met whenever there is a proposed change of licensee:

(1) The licensee shall notify the licensing agency of any pending change of licensee, and shall provide the licensing agency an accounting of each client's cash resources, personal property and valuables entrusted to his/her care.

(A) Such accounting shall be made on form provided or approved by the licensing agency.

(2) Provided the licensing agency approves the application for the new licensee, the form specified in (1) (A) above shall be updated, signed by both the former and new licensee, and forwarded to the licensing agency.

(n) The licensee shall maintain a record of all monetary gifts and of any other gift exceeding an estimated value of \$100, provided by or on behalf of a client to the licensee, administrator or staff.

(1) The record shall be attached to the account(s) specified in (h) above if the client's cash resources, personal property or valuables have been entrusted to the licensee.

(2) Monetary gifts or valuables given by the friends or relatives of a deceased client shall not be subject to the requirement specified in (n) and (n) (1) above.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1501, 1523, 1524, 1531 and 1560, Health and Safety Code.

HISTORY:

1. Amendment of subsection (j) filed 6-15-87; operative 7-15-87 (Register 87, No. 25).

2. Renumbering of former Section 80027 to Section 80028, and renumbering of Section 80026 to Section 80027 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80028. ⁷ Initial Application Review.

(a) If the applicant has not submitted all materials specified in Section 8018 within 90 days of receipt of the application by the licensing agency, the licensing agency shall give written notice to the applicant that the application is incomplete.

(1) If the applicant does not complete the application within 30 days after such notice, the application shall be deemed withdrawn provided that the licensing agency has not denied or taken action to deny the application.

(A) The above requirement shall not apply to facilities under construction.

(b) The licensing agency shall cease review of any application as specified in Section 1520.3 of the Health and Safety Code.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1520, 1520.3, 1523, 1524, 1528 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 80028 to Section 80029, and renumbering of Section 80027 to Section 80028 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80029. ⁸ Capacity Determination.

(a) A license shall be issued for a specific capacity.

(b) The number of persons for whom the facility is licensed to provide care and supervision shall be determined on the basis of the application review by the licensing agency, which shall take into consideration the following:

(1) The fire clearance specified in Section 80020.

(2) The licensee's/administrator's ability to comply with applicable law and regulation.

(3) Any other household members, including but not limited to persons under guardianship or conservatorship, who reside at the facility and their individual needs.

TITLE 22**COMMUNITY CARE FACILITIES****§ 80030****(Register 88, No. 2—1-9-88)****(p. 2331)**

(4) Physical features of the facility, including available living space, which are necessary in order to comply with regulations.

(5) Number of available staff to meet the care and supervision needs of the clients.

(6) Any restrictions pertaining to the specific category of facility.

(c) The licensing agency shall be authorized to issue a license for fewer clients than is requested when the licensing agency determines that:

(1) The licensee's responsibilities to other persons in the home, including persons under guardianship and conservatorship, would preclude provision of the care required by these regulations.

(d) When the license is issued for fewer clients than requested, the licensee shall be notified in writing of the reasons for the limitation and of the licensee's rights to appeal the decision as specified in Section 80040.

(e) The licensing agency shall have the authority to decrease existing licensed capacity with the licensee's agreement, when there is a change in any of the factors specified in (b) above.

(1) If the licensee does not agree to the decrease in capacity, the licensing agency shall have the authority to initiate revocation action as specified in Section 80042.

(f) The licensing agency shall be authorized to restrict care to specific individuals.

(1) If care and supervision is limited to specific individuals, the licensing agency shall specify the names of the individuals in a letter to the licensee.

(2) Except where the limitation is requested by the licensee, the licensee shall be notified in writing of the reasons for such limitation and of the licensee's right to appeal the decision as specified in Section 80040.

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1501, 1523, 1524, 1528 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering and amendment of former Section 80029 to Section 80030, and renumbering of Section 80028 to Section 80029 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80030. ²⁹ Withdrawal of Application.

(a) An applicant shall have the right to withdraw an application for an initial or renewal license.

(1) Such withdrawal shall be in writing.

(A) Health and Safety Code Section 1553 provides in part:

The licensing agency shall not be deprived of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law, or to enter an order denying the license upon any such ground, unless it has consented in writing to such withdrawal.

(2) The fee for processing the initial or renewal application shall be forfeited.

NOTE: Authority cited: Sections 1523, 1530 and 1553, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1528 and 1553, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 80030 to Section 80031, and renumbering and amendment of Section 80029 to Section 80030 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

§ 80031
(p. 2332)

COMMUNITY CARE FACILITIES

TITLE 22
(Register 88, No. 2—1-9-88)

80031.^c Provisional License.

(a) The licensing agency shall have the authority to issue a provisional license to an applicant, pending action under Sections 80031 or 80040 on a completed application for an initial license, if it determines that all of the following circumstances exist:

(1) The facility is in substantial compliance with applicable law and regulation.

(2) An urgent need for licensure exists.

(b) The capacity of a provisional license shall be limited to the number of clients for whom urgent need has been established, or the capacity established for the specific facility, whichever is less.

(c) The licensing agency shall have the authority to issue a provisional license for a maximum of six months when it determines that full compliance with licensing regulations will be achieved within that time period.

(d) The licensing agency shall have the authority to issue a provisional license for a maximum of 12 months when it determines, at the time of application, that more than six months is required to achieve full compliance with licensing regulations due to circumstances beyond the control of the applicant.

(e) If, during the provisional license period, the licensing agency discovers any serious deficiencies, the Department shall have the authority to institute administrative action or civil proceedings, or to refer the case for criminal prosecution.

(f) A provisional license shall not be renewable and shall terminate on the date specified on the license, or upon denial of the application, whichever is earlier.

NOTE: Authority cited: Sections 1523, 1530 and 1553, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1525.5, 1528 and 1553, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 80031 to Section 80032, and renumbering of Section 80030 to Section 80031 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80032.¹ Issuance of License.

(a) The licensing agency shall issue a license to an applicant after a completed application has been compiled and upon determination that all licensing requirements have been met.

(b) The licensing agency shall notify the applicant in writing of the issuance of the license.

(c) No limitation shall be imposed on the licensee or printed on the license solely on the basis that a licensee is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

NOTE: Authority cited: Sections 1523, 1530 and 1553, Health and Safety Code. Reference: Sections 1509, 1520, 1520.5, 1523, 1524, 1525, 1526, 1528, 1531.5 and 1553, Health and Safety Code.

HISTORY:

1. New subsection (c) filed 6-5-84; effective thirtieth day thereafter (Register 84, No. 23).

2. Renumbering and amendment of former Section 80032 to Section 80033, and renumbering of Section 80031 to Section 80032 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

TITLE 22**COMMUNITY CARE FACILITIES****§ 80035****(Register 88, No. 34—8-20-88)****(p. 2333)****80033.² Term of An Initial or Renewal License.**

(a) Except as provided in Section 80031, an initial license shall expire one year from the date of issue.

(b) The licensing agency shall have the authority to issue a renewal license for one year if it determines that the licensee, at the time of the renewal visit, is in substantial compliance with applicable law and regulation.

(c) The licensing agency shall have the authority to issue a renewal license for two years if it determines that the licensee, at the time of the renewal visit, is in full compliance with applicable law and regulation.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1524, 1525 and 1529, Health and Safety Code.

HISTORY:

1. Renumbering and amendment of former Section 80033 to Section 80034, and renumbering and amendment of Section 80032 to Section 80033 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80034.³ Application for Renewal of a License.

(a) An application for the renewal of a license shall be filed on a form provided by the licensing agency not less than thirty (30) days prior to the license expiration date or at the time of initial application.

(b) The renewal processing fee shall be submitted with the application for renewal as specified in Section 80024.^{3c}

(c) The renewal license shall be granted if a licensee files a renewal application within the time specified in (a) above unless the application has been denied, as specified in Section 80041.

(d) Pending the issuance of a renewal license pursuant to (c) above, the current license shall remain in effect.

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1525 and 1528, Health and Safety Code.

HISTORY:

1. Renumbering and amendment of former Section 80034 to Section 80035, and renumbering and amendment of Section 80033 to Section 80034 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80035.⁴ Submission of New Application.

(a) A licensee shall file a new application as required by Section 80018 whenever there is a change in conditions or limitations described on the current license, or other changes including but not limited to the following:

(1) Any change in the location of the facility.

(2) Any change of licensee, including but not limited to the following when the licensee is a corporation.

(A) Sale or transfer of the majority of stock.

(B) Separating from a parent company.

(C) Merger with another company.

(3) Any change in facility category.

(4) Any increase in capacity.

(A) The licensing agency shall have the authority to grant capacity increases without resubmission of an application following a licensing agency review and the securing of an appropriate fire clearance.

(5) A permanent change in any client from ambulatory to nonambulatory status.

§ 80036
(p. 2334)

COMMUNITY CARE FACILITIES

TITLE 22

(Register 88, No. 34—8-20-88)

1

(b) A new application as required by Section 80018 shall be filed whenever an applicant fails to complete a new application within the time limit required by Section 80028(a) if the applicant chooses to continue the application process.

(c) A new application as required by Section 80018 shall be filed whenever a licensee fails to file a renewal application within the time limit required by Section 80034(a).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1523, 1528 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering and amendment of former Section 80034 to Section 80035 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80036. 5 Conditions For Forfeiture of a Community Care Facility License.

Conditions for forfeiture of a community care facility license may be found in Section 1524 of the Health and Safety Code.

HISTORY:

1. Change without regulatory effect adding Section 80036 (Register 88, No. 10).

Article 4. Administrative Actions

80040. Denial of Initial License. 0

(a) Except as specified in Section 80031, which provides for issuance of a provisional license based upon substantial compliance and urgent need, the licensing agency shall deny an application for an initial license if it is determined that the applicant is not in compliance with applicable law and regulation.

(1) The licensing agency shall have the authority to deny an application for an initial license if the applicant has failed to pay any civil penalty assessments pursuant to Section 80058 and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.

(2) An application for initial licensure shall not be denied solely on the basis that the applicant is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5 (c) of the Health and Safety Code, on his/her own child (ren).

(b) If the application for an initial license is denied, the licensing agency shall mail the applicant a written notice of denial.

(1) The notification shall inform the applicant of and set forth the reasons for the denial, and shall advise the applicant of the right to appeal.

(c) If the application for an initial license is denied, the application processing fee shall be forfeited.

(d) An applicant shall have the right to appeal the denial of the application pursuant to Health and Safety Code Section 1526.

(e) Notwithstanding any appeal action, the facility is unlicensed and shall not operate pending adoption by the director of a decision on the denial action.

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1520, 1523, 1525, 1526, 1528, 1547 and 1548, Health and Safety Code.

HISTORY:

1. New subsection (a) (1) filed 6-5-84; effective thirtieth day thereafter (Register 84, No. 23).

2. Amendment filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

3. Amendment of subsection (a) filed 8-17-88; operative 9-16-88 (Register 88, No. 34).

TITLE 22**COMMUNITY CARE FACILITIES****§ 80043**

(Register 88, No. 34—8-20-88)

(p. 2334.1)

80041. Denial of a Renewal License.

(a) The licensing agency shall have the authority to deny an application for a renewal license under the following circumstances:

(1) The licensee is not in substantial compliance, as defined in Section 80001(a)(47), with applicable law and regulation at the time of the renewal.

(2) Failure to substantially comply with licensing requirements has resulted in the Department's action to suspend or revoke the license or to seek other remedies as provided by law.

(3) The licensee has failed to pay any civil penalty assessments pursuant to Section 80054 and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.

(4) The licensee ~~refuses~~ or fails to pay the renewal processing fee as specified in Section 80024(b)(2). 36

(b) If the application for a renewal license is denied, the licensing agency shall mail the licensee a written notice of denial.

(1) The notification shall inform the licensee of and set forth the reasons for the denial, and shall advise the licensee of the right to appeal.

(c) If the application for a renewal license is denied, the renewal processing fee shall be forfeited.

(d) The licensee shall have the right to appeal the denial of the application for renewal pursuant to Health and Safety Code Section 1526.

(e) When a renewal application is denied and the licensee appeals the denial, the licensing agency shall, upon written request from the licensee within the 15-day period, issue a license pending adoption by the director of a decision on the denial action.

(f) An application for renewal licensure shall not be denied solely on the basis that the licensee is a parent who has administered or will continue to administer corporal punishment not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5 (c) of the Health and Safety Code, on his/her own child(ren).

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1525, 1526 and 1528, Health and Safety Code.

HISTORY:

1. New subsection (e) filed 6-5-84; effective thirtieth day thereafter (Register 84, No. 23).

2. Amendment filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

80042. Revocation or Suspension of License.

(a) The Department shall have the authority to suspend or revoke any license on any of the grounds specified in Health and Safety Code Section 1550.

(b) Proceedings to hear a revocation action or a revocation and temporary suspension action shall be conducted pursuant to the provisions of Health and Safety Code Section 1551.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1550 and 1551, Health and Safety Code.

80043. Licensee/Applicant Complaints. (See Manual of Policies and Procedures)

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

TITLE 22**COMMUNITY CARE FACILITIES**

§ 84061

(Register 88, No. 2—1-9-88)

(p. 2385)

84026. Safeguards for Cash Resources, Personal Property, and Valuables.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of Section 84026 to Section 84027 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

84027.⁶ Safeguards for Cash Resources, Personal Property, and Valuables.

(a) In addition to Section 80026, the following shall apply.

(b) The licensee shall ensure that a child's cash resources are not taken in the form of fines unless the following requirements are met:

(1) All fines levied shall be recorded and explained in the child's file.

(2) Such fines shall be maintained in an account separate from the personal or business accounts of the licensee or facility.

(3) All fines collected shall be used for the benefit of the individual child or all children in placement.

(4) The circumstances under which fines are to be imposed shall be specified in writing.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of Section 84026 to Section 84027 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

Article 4. Administrative Actions**84044. Inspection Authority of the Department or Licensing Agency.**

(a) In addition to Section 80044, licensees providing care and supervision to six or fewer clients shall comply with the provision of Health and Safety Code Section 1522.4 (a) (5).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1522.4, Health and Safety Code.

HISTORY:

1. New section filed 2-11-87; effective thirtieth day thereafter (Register 87, No. 7).

Article 5. Enforcement Provisions**84051. Serious Deficiencies. (See Manual of Policies and Procedures)**

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Article 6. Continuing Requirements**84061. Reporting Requirements.**

(a) In addition to Section 80061, the following shall apply.

(b) The licensee shall ensure that the child's authorized representative is notified no later than the next working day if the following circumstances have occurred without the authorized representative's participation:

(1) The child has been placed in the facility under emergency circumstances.

(2) The child has been removed from the facility.

TITLE 22**COMMUNITY CARE FACILITIES**

§ 87026

(Register 88, No. 2—1-9-88)

(p. 2429)

(1) Completion of such drill shall not require the licensee to transport children away from the home or to contact local agencies or other disaster authorities.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1501, 1520 and 1531, Health and Safety Code.

87024.³⁶ Application/Renewal Processing Fee.

(a) No application/renewal processing fee shall be charged to foster family homes.

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1523 and 1524, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87024 to Section 87025, and new Section 87024 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87025.⁴ Waivers and Exceptions.

(a) Unless prior written licensing agency approval is received as specified in

(b) below, a licensee shall maintain continuous compliance with the licensing regulations.

(b) The licensing agency shall have the authority to approve the use of alternate concepts, programs, services, procedures, techniques, equipment, space, qualifications, or the conduct of experimental or demonstration projects under the following circumstances:

(1) Such alternatives shall in no instance be detrimental to the health and safety of any child.

(2) The applicant or licensee shall submit to the licensing agency a written request for a waiver or exception, together with substantiating evidence supporting the request.

(3) (See Manual of Policies and Procedures).

(4) The licensing agency shall provide written approval or denial of the request.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1501, 1509, 1525.5 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87025 to Section 87026, and renumbering of Section 87024 to Section 87025 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87026.⁵ Bonding.

(a) The licensee shall submit an affidavit, on a form provided by the licensing agency, stating whether he/she safeguards or will safeguard cash resources of children and the maximum amount of cash resources to be safeguarded for all children or each child in any month.

(b) All licensees who are entrusted to care for and control children's cash resources shall file or have on file with the department or licensing agency, a bond issued by a surety company to the State of California as principal.

(c) The amount of the bond shall be according to the following schedule:

<i>Amount Safeguarded per Month</i>	<i>Bond Required</i>
\$750 or less	\$1,000
\$751 to \$1,500	\$2,000
\$1,501 to \$2,500	\$3,000

Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(d) The licensee shall submit a new affidavit and bond to the licensing agency prior to the licensee safeguarding amounts of children's cash resources in excess of the current bond.

(e) Whenever the licensing agency determines that the amount of the bond is insufficient to provide necessary protection to children's cash resources, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency shall have the authority to require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to protect the children's cash resources.

(f) The provisions of this section shall only apply if the licensee safeguards more than \$50 per child and more than \$500 for all children in any month as specified in Health and Safety Code Section 1560.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1525.5, 1560 and 1561, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87026 to Section 87027, and renumbering of Section 87025 to Section 87026 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87027.⁶ Safeguards for Cash Resources, Personal Property, and Valuables.

(a) A licensee shall not be required to accept for admission or continue to care for any child whose initial or subsequent needs and services plans would require the licensee to handle the child's cash resources.

(b) If such a child is accepted for or maintained in care, his/her cash resources, personal property, and valuables not handled by a person outside the home, who has been designated by the child's authorized representative, shall be handled by the licensee and shall be safeguarded in accordance with the requirements specified in (c) through (m) below.

(c) A licensee shall be permitted to accept appointment and serve as guardian for the person, or estate, or person and estate, of a child.

(1) Such appointment shall be reported to the licensing agency as specified in Section 87061(h)(1).

(d) Cash resources personal property and valuables of children shall be maintained free from any liability the licensee incurs.

(e) Cash resources and personal property and valuables of children shall be separate and intact, and shall not be commingled with the licensee's funds or petty cash.

(f) The licensee shall not make expenditures from children's cash resources for any basic services specified in these regulations, or for any basic services identified in the child's admission agreement.

(g) The licensee shall not commingle cash resources, personal property and valuables of children with those of another community care facility of a different license number regardless of joint ownership.

(h) The licensee shall maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to his/her care, including, but not limited to the following:

(1) Records of each child's cash resources maintained as a drawing account which shall include a current ledger accounting, with columns for income, disbursements and balance and supporting receipts for purchases.

(2) Bank records for transactions of cash resources deposited in and drawn from the account specified in (i) below.

TITLE 22**COMMUNITY CARE FACILITIES**

§ 87027

(Register 88, No. 2—1-9-88)

(p. 2431)

(i) Immediately upon admission of any child, the licensee shall deposit any of the child's cash resources entrusted to the licensee and not kept in the home, in any type of bank, savings and loan, or credit union account meeting the following requirements:

(1) The account shall be maintained separately from the personal or business accounts of the licensee.

(2) The account title shall clearly note that the account contains the child's cash resources.

(3) The licensee shall provide the child access to the cash resources upon demand by the child's authorized representative.

(4) The account shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government.

(A) A local public agency shall have the authority to deposit such cash resources with the public treasurer.

(j) Cash resources entrusted to the licensee and kept in the home shall be kept in a locked and secure location.

(k) When a child leaves placement in the home, the licensee shall surrender all of the child's cash resources, personal property, and valuables which have been entrusted to the licensee to the child's authorized representative.

(1) The licensee shall obtain and retain a receipt signed by the authorized representative.

(l) Upon the death of a child the licensee shall immediately safeguard all cash resources, personal property and valuables of that child in accordance with the following requirements:

(1) All cash resources shall be placed in an account as specified in (i) above.

(2) The executor or the administrator of the estate shall be notified by the licensee of the child's death, and the cash resources, personal property, and valuables shall be surrendered to said party in exchange for a signed itemized receipt.

(3) If no executor or administrator has been appointed, the authorized representative shall be notified by the licensee of the child's death, and the cash resources, personal property, and valuables shall be surrendered to the authorized representative in exchange for a signed itemized receipt.

(4) If the licensee is unable to notify a responsible party as specified in (2) or (3) above, the licensee shall give immediate written notice of the child's death to the public administrator of the county as provided by Section 1145 of the California Probate Code.

(m) The licensee shall maintain a record of all monetary gifts and of any other gift exceeding an estimated value of \$100, provided by or on behalf of a child to the licensee.

(1) The record shall be attached to the accounts specified in (h) above if the child's cash resources, personal property or valuables have been entrusted to the licensee.

(2) Monetary gifts or valuables given by the friends or relatives of a deceased child shall not be subject to the requirements specified in (m) and (m) (1) above.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1501, 1525.5, 1531 and 1560, Health and Safety Code; and Section 11006.9, Welfare and Institutions Code.

HISTORY:

1. Amendment of subsection (j) filed 6-15-87; operative 7-15-87 (Register 87, No. 25).

2. Renumbering a former Section 87027 to Section 87028, and renumbering of Section 87026 to Section 87027 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87028.⁷ Application Review.

(a) (Regulation printed in Manual of Policies and Procedures.)

(b) If the applicant has not submitted all materials specified in Section 87018 within 90 days of receipt of the application by the licensing agency, the licensing agency shall give written notice to the applicant that the application is incomplete.

(1) If the applicant does not complete the application within 30 days after such notice, the application shall be deemed withdrawn, provided that the licensing agency has not denied or taken action to deny the application.

(c) The licensing agency shall cease review of any application as specified in Section 1520.3 of the Health and Safety Code.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1520 and 1520.3, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87028 to Section 87029, and renumbering of Section 87027 to Section 87028 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87029.⁸ Capacity Determination.

(a) A license shall be issued for a specific capacity.

(b) The number of children for whom the foster family home is licensed to provide care and supervision shall be determined on the basis of the application review by the licensing agency, which shall take into consideration the following:

(1) The licensee's ability to comply with applicable law and regulations.

(2) Any other household members including but not limited to children under guardianship or conservatorship, who reside at the facility and their individual needs.

(3) Physical features of the facility, including available living space, which are necessary in order to comply with regulations.

(c) The licensing agency shall be authorized to issue a license for fewer children than is requested when the licensing agency determines that the licensee's responsibilities to other persons in the home, including persons under guardianship and conservatorship, would preclude provision of the care required by these regulations.

(d) When the license is issued for fewer children than requested, the licensee shall be notified in writing of the reasons for the limitation and of the licensee's right to appeal the decision as specified in Section 87040.

(e) The licensing agency shall be authorized to restrict care to specific children.

(1) If care is limited to specific children, the licensing agency shall specify the names of the children in a letter to the licensee.

(2) Except where the limitation is requested by the licensee, the licensee shall be notified in writing of the reasons for such limitation and of the licensee's right to appeal the decision as specified in Section 87040.

(f) The licensing agency shall have the authority to decrease the existing licensed capacity, with the licensee's agreement, when there is a change in any of the factors specified in (d) above.

(1) If the licensee does not agree to the decrease in capacity, the licensing agency shall have the authority to initiate revocation action as specified in Section 87042.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87029 to Section 87030, and renumbering of Section 87028 to Section 87029 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

TITLE 22**COMMUNITY CARE FACILITIES**

§ 87032

(Register 88, No. 2—1-9-88)

(p. 2433)

87030.²⁹ Withdrawal of Application.

(a) An applicant shall have the right to withdraw an application for an initial or renewal license.

(1) Such withdrawal shall be in writing.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1520 and 1553, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87030 to Section 87031, and renumbering of Section 87029 to Section 87030 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87031.¹ Provisional License.

(a) The licensing agency shall have the authority to issue a provisional license to an applicant, pending action under Sections 87032 or 87040 on a completed application for an initial license, if it determines that all of the following circumstances exist:

(1) The home has no serious deficiencies as defined in Section 87001 (a) (35).
(2) There is a change in home location and children currently in care are in need of services from the same licensee at the new location.

(b) The capacity of a provisional license shall be limited to the number of children currently in care or the capacity established for the specific home whichever is less.

(c) The licensing agency shall have the authority to issue a provisional license for a maximum of six months when it determines that full compliance with licensing regulations will be achieved within that time period.

(d) The licensing agency shall have the authority to issue a provisional license for a maximum of 12 months when it determines, at the time of application, that more than six months is required to achieve full compliance with licensing regulations due to circumstances beyond the control of the applicant.

(e) If, during the provisional licensing period, the licensing agency discovers any deficiencies the department shall have the authority to institute administrative action or civil proceedings, or to refer the case for criminal prosecution.

(f) A provisional license shall not be renewable and shall terminate on the date specified on the license, or upon denial of the application, whichever is earlier.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Section 1525.5, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87031 to Section 87032, and renumbering and amendment of Section 87030 to Section 87031 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87032.¹ Issuance of License.

(a) The licensing agency shall issue a license to the applicant after a completed application has been compiled, and upon determination that all licensing requirements have been met.

(b) The licensing agency shall notify the applicant in writing of such issuance.

(c) No limitation shall be imposed on the licensee or printed on the license solely on the basis that the licensee is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1509, 1520, 1520.5, 1524, 1525, 1526 and 1531.5, Health and Safety Code.

HISTORY:

1. New subsection (c) filed 6-5-84; effective thirtieth day thereafter (Register 84, No. 23).

2. Renumbering of former Section 87032 to Section 87033, and renumbering of Section 87031 to Section 87032 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87033.² Term of an Initial or Renewal License.

(a) Except as provided in Section 87030 an initial license shall expire one year from the date of issue as specified in Health and Safety Code Section 1524.

(b) The licensing agency shall have the authority to issue a renewal license for one year if it determines that the licensee or the home, at the time of the renewal visit, has no serious deficiencies.

(c) A licensee shall qualify for a two-year license renewal, provided the licensee has completed a course, training, seminar or conference each year, during the previous licensed period, in areas related to the provision of foster family home care, and, at the time of the renewal visit is in compliance with applicable law and regulation.

(1) Documentation as specified in 87017(c) (2) (A), (B), and/or (C) shall be submitted with the renewal application.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1524 and 1525, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87033 to Section 87034, and renumbering of Section 87032 to Section 87033 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87034.³ Application for Renewal of License.

(a) An application for the renewal of a license shall be filed on a form provided by the licensing agency not less than 30 days prior to the license expiration date or at the time of initial application.

(b) The renewal licensee shall be granted if the licensee filed a renewal application within the time specified in (a) above, unless the application has been denied, as specified in Section 87041.

(c) Pending the issuance of a renewal license pursuant to (b) above, the current license shall remain in effect.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1520, 1524 and 1525, Health and Safety Code.

HISTORY:

1. Renumbering of former Section 87034 to Section 87035, and renumbering of Section 87033 to Section 87034 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87035.⁴ Submission of New Application.

(a) A licensee shall file a new application as required by Section 87018 whenever there is a change in conditions or limitations described on the current license.

TITLE 22**COMMUNITY CARE FACILITIES**

§ 87040

(Register 88, No. 34—8-20-88)

(p. 2435)

(1) The licensing agency shall have the authority to grant capacity increases without resubmission of an application following a licensing agency review and the securing of a fire clearance, if needed.

(b) An applicant shall file a new application whenever an applicant fails to complete an application within the time limit required by Section 87028(b) if the applicant chooses to continue the application process.

(c) A licensee shall file a new application whenever a licensee fails to file a renewal application within the time limit required by Section 87034(a).

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1501, 1520 and 1531, Health and Safety Code.

HISTORY:

1. Renumbering and amendment of former Section 87034 to Section 87035 filed 12-22-87; operative 1-21-88 (Register 88, No. 2).

87036. ⁵ Conditions for Forfeiture of a Community Care Facility License.

The conditions for forfeiture of a community care facility license may be found in Section 1524 of the Health and Safety Code.

HISTORY:

1. Change without regulatory effect adding Section 87036 (Register 88, No. 10).

Article 4. Administrative Actions**87040. Denial of Initial License.**

(a) Except as specified in Section 87030, which provides for issuance of a provisional license, the licensing agency shall deny an application for an initial license if it is determined that the applicant is not in compliance with applicable law and regulation.

(1) The licensing agency shall have the authority to deny an application for an initial license if the applicant has filed to pay any civil penalty assessment pursuant to Section 87065 and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.

(2) An application for initial licensure shall not be denied solely on the basis that the applicant is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

(b) If the application for an initial license is denied, the licensing agency shall mail the applicant a written notice of denial.

(1) The notification shall inform the applicant and set forth the reasons for the denial and shall advise the applicant of the right to appeal.

(c) An applicant shall have the right to appeal the denial of the application pursuant to Health and Safety Code Section 1526.

(e) Notwithstanding any appeal action, the foster family home is unlicensed and shall not operate pending adoption by the director of a decision on the denial action.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 1520, 1525, 1526 and 1547, Health and Safety Code.

HISTORY:

1. New subsection (a) (1) filed 6-5-84; effective thirtieth day thereafter (Register 84, No. 23).

2. Amendment of subsection (a) filed 8-17-88; operative 9-16-88 (Register 88, No. 34).

(d) In all cases, personnel records shall demonstrate adequate staff coverage necessary for facility operation by documenting the hours actually worked.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.30, 1569.31 and 1569.312, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87520 to Section 87566 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 87, No. 2.

87567. General.

(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article:

- (1) Conduct an interview with the applicant and his responsible person.
- (2) Perform a pre-admission appraisal.
- (3) Obtain and evaluate a recent medical assessment.
- (4) Execute the admissions agreement.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31 and 1569.312, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87700 to Section 87567 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 82, No. 10.

87568. Admission Agreements.

(a) The licensee shall complete and maintain individual written admission agreements with all persons admitted to the facility or with their designated representatives.

(b) Agreements shall specify the following:

- (1) Basic services to be made available.
- (2) Optional services which are available.
- (3) Payment provisions, including the following:

- (A) Basic services rate, including any exempt-income-allowance, if the resident agrees to such charge.
- (B) Optional services costs.
- (C) Payor.
- (D) Due date.
- (E) Funding source, provided that the resident may refuse to disclose such source.

(4) Modification conditions, including requirement for provision of at least 30 days prior written notice to the resident of any basic rate change, or for SSI/SSP rate changes, as soon as the facility is notified.

(A) Agreements involving persons whose care is funded at government-prescribed rates may specify that operative dates of government modifications shall be considered operative dates for basic service rate modifications.

(5) Refund conditions.

(6) That the department or licensing agency has the authority to examine residents' records as a part of their evaluation of the facility.

(7) General facility policies which are for the purpose of making it possible for residents to live together.

(8) Those actions, circumstances, or conditions specified in Section 87589 which may result in the resident's eviction from the facility. Except for general facility policies developed pursuant to Section 87589(a) (3), the eviction provisions shall not be modified.

(9) The facility's policy concerning family visits and other communication with residents, pursuant to Health and Safety Code Section 1569.313.

(10) Other conditions under which the agreement may be terminated.

(c) If additional services are available through the facility to be purchased by the residents, such as cosmetology, and these are not specified in the admission agreement, a list of these services and charges shall be posted in a location accessible to residents.

(d) Such agreements shall be dated and signed by the person admitted and the licensee, or by their responsible person, no later than 7 days following admission. Attachments to the agreement may be utilized as long as they are also dated and signed.

(e) The licensee shall retain the agreement originals and shall provide copies to the person admitted, or to their responsible person, to placement agencies, when appropriate, and to the resident's relatives who assisted with the placement.

(f) The licensee shall comply with all terms and conditions set forth in the admission agreement. No written or oral contract with any other person shall release the licensee from responsibility for provision of safe and healthful facilities, equipment, and accommodations.

(g) The agreement shall be automatically terminated by the death of the resident, whose relatives shall not be liable for any payment beyond that due at the date of death, unless agreed to in writing or ordered by the court.

(h) No licensee shall enter into any life care contract with any person without approval by the Department in accordance with Chapter ~~5~~¹⁰ of these regulations.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, 1569.313 and 1770 et seq., Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87718 to Section 87568 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 88, No. 2.

87569. Medical Assessment.

(a) Prior to a person's acceptance, the licensee shall obtain and keep on file, evidence of a physical examination made within the last year which shall include but not be limited to:

(1) Establishing whether there are findings of communicable tuberculosis, other infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.

(2) Recording of prior medical services and history and current medical status including but not limited to height, weight, and blood pressure.

(3) Providing a record of current prescribed medications, and an indication of whether the medication should be centrally stored, pursuant to Section 87575(c)(1).

(4) Identifying physical limitations of the person to determine his/her capability to participate in the programs provided by the licensee, including any medically necessary diet limitations.

(5) Making a determination of the person's ability to ambulate without assistance as defined by Section 87101(a)(3).

(6) Providing information applicable to the pre-admission appraisal specified in Section 87583.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312 and 1569.315, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87712 to Section 87569 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 88, No. 2.

87585. Mental Condition.

The facility shall determine the amount of supervision necessary by assessing the applicant's mental status to determine if the individual tends to wander, is confused or forgetful, is capable of managing his/her own cash resources, and if he/she actively participates in social activities or is withdrawn.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31 and 1569.312, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87708 to Section 87585 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 82, No. 10.

87586. Social Factors.

The facility shall obtain sufficient information about each person's likes and dislikes and interests and activities, to determine if the living arrangements in the facility will be satisfactory, and to suggest the program of activities in which the individual may wish to participate.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31 and 1569.312, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87710 to Section 87586 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 82, No. 10.

87587. Reappraisal.

(a) The pre-admission appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisals shall document changes in the resident's physical, mental and/or social condition. Significant changes shall include but not be limited to:

(1) A physical trauma such as a heart attack or stroke.

(2) A mental/social trauma such as the loss of a loved one.

(b) The licensee shall immediately bring any such changes to the attention of the resident's physician and his family or responsible person.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312 and 1569.315, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87714 to Section 87587 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 88, No. 2.

87588. Documentation and Support.

Each facility shall document in writing the findings of the pre-admission appraisal and any reappraisal or assessment which was necessary in accordance with Sections 87583 and 87587. If supporting documentation from a physician is required, this input shall also be obtained and may be the same assessment as required in Section 87569.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.30 and 1569.31, Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87716 to Section 87588 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 88, No. 2.

87589. Eviction Procedures.

(a) The licensee may, upon thirty (30) days written notice to the resident, evict the resident for one or more of the following reasons:

(1) Nonpayment of the rate for basic services within ten days of the due date.

(2) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.

(3) Failure of the resident to comply with general policies of the facility. Said general policies must be in writing, must be for the purpose of making it possible for residents to live together and must, be made part of the admission agreement.

(4) If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87587, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.

(5) Change of use of the facility.

(b) The licensee may, upon obtaining prior written approval from the licensing agency, evict the resident upon three (3) days written notice to quit. The licensing agency may grant approval for the eviction upon a finding of good cause. Good cause exists if the resident is engaging in behavior which is a threat to the mental and/or physical health or safety of himself or to the mental and/or physical health or safety of others in the facility.

(c) The licensee shall, in addition to either serving thirty (30) days notice or seeking approval from the Department and serving three (3) days notice on the resident, notify or mail a copy of the notice to quit to the resident's responsible person.

(d) The licensee shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons.

(e) Upon the request of a resident, or his/her designated representative, the Department shall, pursuant to the provisions of Section 1569.35 of the Health and Safety Code, investigate the reasons given for the eviction.

(f) A written report of any eviction shall be sent to the licensing agency within five (5) days.

(g) This section shall not apply to a particular resident ¹⁰who has entered into a life care contract with a facility pursuant to Chapter ~~3~~ of these regulations.

(h) Nothing in this section is intended to preclude the licensee or resident from invoking any other available remedy.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, 1569.315 and 1770, et seq. Health and Safety Code.

HISTORY:

1. Change without regulatory effect renumbering Section 87720 to Section 87589 filed 11-17-88 (Register 88, No. 49). For prior history, see Register 88, No. 2.

87590. Basic Services.

(a) The services provided by the facility shall be conducted so as to continue and promote, to the extent possible, independence and self-direction for all persons accepted for care. Such persons shall be encouraged to participate as fully as their conditions permit in daily living activities both in the facility and in the community.

(b) As used in this chapter, basic services are those services required to be provided in order to obtain and maintain a license.

(c) The admission agreement shall specify which of the basic services are desired and/or needed by, and will be provided for, each resident.

(d) A facility need not accept a particular resident for care. However, if a facility chooses to accept a particular resident for care, the facility shall be responsible for meeting the resident's needs as identified in the pre-admission appraisal specified in Section 87583 and providing the other basic services specified below, either directly or through outside resources.

OFFICE OF ADMINISTRATIVE LAW CERTIFICATION OF APPROVAL

FILED
In this office of the Secretary of State
of the State of California

JAN 09 1989
At 4:00 o'clock P. M.
MARCH FONG EU, Secretary of State
By *[Signature]*
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 88-1208-01 N

[Signature]
LINDA STOCKDALE BREWER
DIRECTOR

1-9-89
Date

FACE SHEET

(See Instructions on Reverse)

RDB #0788-28

1988 DEC 14 PM 3:54
OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING

JAN 11 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW
CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

Department of Social Services

(AGENCY)

L. S. McNeil

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date: December 14, 1988

FILED

In this office of the Secretary of State
of the State of California

JAN 11 1989

At 5:02 o'clock P.M.

MARCH FONG EU, Secretary of State

By *Janette H.*
Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions)
TITLE
Rosalie Clark, Chief, Regulations Development Bureau
TELEPHONE
445-0313
2. Type of filing, (check one) ☐ 30-day Review ☐ Emergency ☒ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED: _____
SECTIONS AMENDED: 42-803
SECTIONS REPEALED: _____
b. The following sections listed in 3a contain modifications to the text originally made available to the public: _____
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☒ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL: _____
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
September 9, 1988
b. DATE OF FINAL AGENCY ACTION
December 14, 1988
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
N/A
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
a. ☐ Effective 30th day after filing with the Secretary of State.
b. ☒ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- a. Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - b. Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - c. Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- a. A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - b. An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - c. If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - d. If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - e. If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

CERTIFICATE OF COMPLIANCE - Section 11346.1(e), Government Code

The Department of Social Services hereby certifies that it has complied with the provisions of Sections 11346.4 through 11346.8 inclusive of the Government Code, within 120 days of the effective date of the following emergency regulations which were filed with the Secretary of State on August 19, 1988, and which became effective on August 19, 1988.

Section 42-803.

No Amendments or repealers resulted from the public hearing held on October 26, 1988.


LINDA S. McMAHON
Director

December 14, 1988
Date

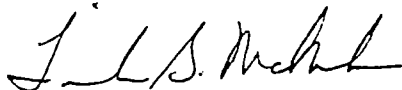
DELEGATED AUTHORITY ORDER

I hereby authorize and designate the following individuals as the agency contact persons who have authority, during the Office of Administrative Law review period, to make decisions and answer questions regarding regulations adopted by the Department of Social Services.

Rosalie P. Clark; Chief
Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.



Linda S. McMahon
Director

8-26-88
Date

42-803 BASIC PARTICIPANT CONTRACT REQUIREMENTS FOR RCA 42-803
GAIN PARTICIPANTS

- .1 Self-initiated plans are allowable; however, an educational plan which includes full-time attendance in an institution of higher education, as defined in Section 69-206.5, shall not be allowed except as defined in Sections 69-206.52 or .53.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11320.2, Welfare and Institutions Code.

OFFICE OF ADMINISTRATIVE LAW CERTIFICATION OF APPROVAL

FILED
In this office of the Secretary of State
of the State of California

JAN 11 1989
At 3:43 o'clock P.
MARCH FONG EU, Secretary of State
By Donella
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

OAL File No: 88-1214-03 C


LINDA STOCKDALE BREWER
DIRECTOR

1/10/89

Date

FACE SHEET

(See Instructions on Reverse)

1988 DEC 19 PM 3:47

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING

JAN 11 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

Department of Social Services

(AGENCY)

L. S. Muhl

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date: December 14, 1988

FILED
RDB #0788-20
In this office of the Secretary of State
of the State of California

JAN 11 1989

At 3:43 o'clock P. M.

MARCH FONG EU, Secretary of State

By *Amelia*
Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions)
TITLE
Rosalie Clark, Chief, Regulations Development Bureau
TELEPHONE
(916) 445-0313
2. Type of filing, (check one) ☐ 30-day Review ☐ Emergency ☒ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED:
42-761.5
SECTIONS AMENDED:
42-720.7 and 42-761.33
SECTIONS REPEALED:
None
b. The following sections listed in 3a contain modifications to the text originally made available to the public: None
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☒ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL: _____
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
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September 9, 1988
b. DATE OF FINAL AGENCY ACTION
December 14, 1988
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
N/A
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
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b. ☒ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

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- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- Seven (7) copies of the regulations. Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400 attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- Complete rulemaking file, with index and sworn statement. (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

CERTIFICATE OF COMPLIANCE - Section 11346.1(e), Government Code

The Department of Social Services hereby certifies that it has complied with the provisions of Sections 11346.4 through 11346.8 inclusive of the Government Code, within 120 days of the effective date of the following emergency regulations which were filed with the Secretary of State on September 8, 1988, and which became effective on September 8, 1988.

Manual of Policies and Procedures, Division 42,
Sections: 42-720.7, 42-761.33, and 42-761.5.

No Amendments or repealers resulted from the public hearing held on October 26, 1988.

No Amendments or repealers resulted from the public hearing held on .



LINDA S. MCMAHON
Director

12/14/88
Date


DELEGATED AUTHORITY ORDER

I hereby authorize and designate the following individuals as the agency contact persons who have authority, during the Office of Administrative Law review period, to make decisions and answer questions regarding regulations adopted by the Department of Social Services.

Rosalie P. Clark, Chief
Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.



Linda S. McMahon
Director

8-26-88
Date

Amend Section 42-720.7 to read:

42-720 THE GAIN COUNTY PLAN (Continued)

42-720

.7 Data Collection (Continued)

HANDBOOK

.73 Counties that make an agreement with the Department to assign GAIN registrants to an evaluation control group must comply with the procedures set forth in the agreement throughout the duration of the study for which the control group is established.

.731 The county shall assign to the evaluation control group those GAIN registrants selected for the control group by the organization with which the Department has contracted to perform the study.

HANDBOOK

(a) The selection process will be based upon a standard statistical sampling method approved by the Department.

.732 The county shall give members of an evaluation control group adequate notification that they are members of such a group, per MPP Sections 22-001(a)(1) and 22-021.

Authority Cited: Sections 10553, 10554, and 10604(b) of the Welfare and Institutions Code.

Reference: Sections 10554 and 11320.2(i) of the Welfare and Institutions Code.

Amend Section 42-761.33 to read:

42-761 GAIN REGISTRANT APPRAISAL (Continued)

42-761

.3 Appraisal activities shall include the following:

- .33 Determine if the registrant should be deferred from participation based upon the criteria specified in Sections 42-761.4 or .5.

Authority Cited: Sections 10553, 10554, and 10604(b) of the Welfare and Institutions Code.

Reference: Section 11320.2(i) of the Welfare and Institutions Code.

Adopt Section 42-761.5 to read:

42-761 GAIN REGISTRANT APPRAISAL (Continued)

42-761

- .5 Registrants shall be deferred from mandatory participation requirements if they are assigned to a control group pursuant to Section 42-720.731.
- .51 Such registrants shall not receive GAIN services for the duration of the evaluation period, except under the following condition:
 - .511 The registrant moves to a county that has not established or is not establishing such control groups.

Authority Cited: Sections 10553, 10554, and 10604(b) of the Welfare and Institutions Code.

Reference: Section 11320.2(i) of the Welfare and Institutions Code.

OFFICE OF ADMINISTRATIVE LAW CERTIFICATION OF APPROVAL

FILED

In this office of the Secretary of State
of the State of California

JAN 11 1989

At 3:43 o'clock P. M.

MARCH FONG EU, Secretary of State

By *[Signature]*
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 88-1219-02 C

[Signature]
LINDA STOCKDALE BREWER
DIRECTOR

1/11/89
Date

FACE SHEET

(See Instructions on Reverse)

1988 DEC 13 PM 3:51

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING

JAN 12 1989

Office of Administrative Law

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW
CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

Department of Social Services

(AGENCY)

Lil S. McHugh
AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date: December 12, 1988

FILED

In this office of the Secretary of State
of the State of California

JAN 12 1989

At 3:49 o'clock P.M.

MARCH FONG EU, Secretary of State

By *John I. Bala*
Deputy Secretary of State

For use of Office of Adm Law

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING
(See instructions)
TITLE
Rosalie Clark, Chief, Regulations Development Bureau
TELEPHONE
445-0384
2. Type of filing, (check one) ☒ 30-day Review ☐ Emergency ☐ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED:
68-106, 68-109, 68-110, 68-111
SECTIONS AMENDED:
68-100, 68-101, 68-102, 68-103, 68-104, 68-105, 68-106, 68-108, 25-759
SECTIONS REPEALED:
68-107
b. The following sections listed in 3a contain modifications to the text originally made available to the public: (see attached)
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☐ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL: _____
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL _____
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
July 1, 1988
b. DATE OF FINAL AGENCY ACTION
December 12, 1988
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
November 7, 1988 to November 22, 1988
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
a. ☒ Effective 30th day after filing with the Secretary of State.
b. ☐ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s): _____
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- a. Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - b. Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - c. Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- a. A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - b. An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - c. If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - d. If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - e. If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

STD 400
Cont.

3.b. 68-101.1
68-102.1, .3, .4, and .5
68-104.1, .2, and .3
68-106.33 and .36
68-108.1 et seq.


DELEGATED AUTHORITY ORDER

I hereby authorize and designate the following individuals as the agency contact persons who have authority, during the Office of Administrative Law review period, to make decisions and answer questions regarding regulations adopted by the Department of Social Services.

Rosalie P. Clark, Chief
Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.


Linda S. McMahon
Director

8-26-88
Date

CHAPTER 68-100 REPATRIATE PROGRAM (ASSISTANCE TO U.S. CITIZENS
RETURNED FROM FOREIGN COUNTRIES)

68-101

Assistance to destitute and ill U.S. citizens returned from foreign countries was authorized under Public Law 86-547 which added III to Title XI of the Social Security Act (Amendments of 1961). Assistance to U.S. citizens returned because of mental illness was authorized under Public Law 86-571 (1960).

- .1 The Repatriate Program of assistance to U.S. citizens and their dependents who have returned or been brought from a foreign country to the United States because of destitution of the U.S. citizen, illness of such a citizen or any of his or her dependents, or because of war, threat of war, invasion or similar crisis, and who are without available resources was established by Public Law 87-64, which added Section 1113 to Title XI of the Social Security Act. The federal rules governing this program are set forth in Title 45, Chapter II, Part 212 of the Code of Federal Regulations (CFR).
- .2 The Repatriate Program of assistance to mentally ill U.S. citizens/nationals returned from foreign countries was established by Public Law 86-571. The federal rules governing this program are set forth in Title 45, Chapter II, Part 211 of the CFR.

Reference: 42 USCA Section 1313; 24 USCA Section 321 et
seq.; and 45 CFR 211 and 212.

2) Amend Section 68-102 to read:

68-102 PROGRAM OBJECTIVES

68-102

- .1 The purpose of the Repatriate Program specified in 45 CFR 212 is to help needy U.S. citizens and their dependents, who are certified as eligible by the Department of State at the point of their return and for a temporary period thereafter, and to enable them to utilize other resources for maintenance as soon as possible. Aid is provided in order to facilitate and expedite resettlement to the extent that repatriates are able to provide for themselves or, if necessary, apply for other forms of categorical assistance, for a limited period of time to enable them to utilize their own resources for self-support as soon as possible. It is also to provide for the care and treatment of mentally ill Nationals upon their arrival in the United States.
- .2 The purpose of the Repatriate Program specified in 45 CFR 211 is to help mentally ill U.S. citizen/nationals, who are certified as eligible by the Department of State at the point of their return to the U.S., and thereafter with necessary assistance, care, and treatment for a temporary period and to make arrangements for the transfer of responsibility for such persons for continued care and treatment.
- .3 Eligibility, benefits, aid payments, and duration of assistance under the Repatriate Program specified in 45 CFR 212 shall be determined in accordance with specified requirements contained within the federal "Manual of Policies and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries" (May 1984) which is herein incorporated by reference.
- .4 Eligibility, assistance, care, and treatment for mentally ill repatriates specified in 45 CFR 211 shall be determined in accordance with specified requirements contained within the federal "Manual of Policies and Procedures for Administration of Services in the Care and Treatment of Mentally Ill U.S. Citizens/Nationals Returned from Foreign Countries" (October 1, 1985) which is herein incorporated by reference.

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- .5 The federal manuals referenced in .3 and .4 above shall be made available upon request through:

State of California
Department of Social Services
Disaster Response Services Bureau
744 "P" Street, MS 19-43
Sacramento, CA 95814

- .51 Manual updates will be provided to those agencies which request manuals.

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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 USCA Section 1313(a)(1); 24 USCA Section 322(a); and 45 CFR 211.3, .6, .7, .8, and .10 and 212.3, .4, and .5.

3) Amend Section 68-103 to read:

68-103 ELIGIBILITY REQUIREMENTS FOR THE NEEDY REPATRIATE 68-103
SPECIFIED IN 45 CFR 212

To be eligible for assistance under the program, persons must be:

- *1 U.S. Citizens or their dependents. (Dependents who qualify include spouse, parents, unmarried minor children, including adopted and stepchildren, and unmarried adult children who are dependents because they are handicapped.)
- *2 Actually in the U.S.A., having been identified by the Department of State and returned from a foreign country because of destitution, illness (including mental illness) or because of war (or threat of war).
- *3 Without resources immediately accessible to meet their needs.

In addition, for purposes of eligibility, it is necessary to determine the place of residence of repatriates. A person who was a resident of California at the time he left the state and who retained California residence during his absence is eligible to receive only temporary assistance from the Repatriate Program. (See Section 68-104.1.)

Any other repatriate is eligible so far as residence is concerned to receive temporary and/or continuing assistance from the Repatriate Program. (See Section 68-104 and 68-105.) Thus, a repatriate who was not previously a resident of California or who lost California residence during his absence may, if otherwise eligible, receive continuing repatriate assistance unless he is found eligible for SSI/SSP.

For purposes of the Repatriate Program, a California resident is one who maintained a home in the state prior to leaving the country and was absent from the country more than one calendar year; the repatriate is considered to have lost residency in California.

Effective January 1, 1974, the SSI Program will assist needy eligible adults on a uniform basis without regard to residence. The Repatriate Program will reimburse counties for expenditures in behalf of destitute and mentally ill repatriates until eligible for SSI or other categorical aid including General Assistance is established.

- .1 Eligibility for assistance under the Repatriate Program shall be in accordance with the criteria specified under Division III, Part A. (Eligibility Requirements) of the federal "Manual of Policies and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries" (May 1984).

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 USCA Section 1313(a)(1); and 45 CFR 212.3.

4) Amend Section 68-104 to read:

68-104 NEED STANDARD AND AID PAYMENTS

68-104

1 Temporary Assistance

Temporary assistance is available to meet immediate needs. Such assistance includes costs of reception services at port of entry, temporary food and lodging, transportation to other areas in California or to other states, occasional escort service for children or incapacitated adults, and other services as requested. Arrangements for such services will be made by the State Department of Benefit Payments Repatriate Program Consultant with the county upon request of the Department of Health, Education, and Welfare.

2 Continuing Assistance

Repatriates who are otherwise eligible (see Section 68-103) are entitled to receive money payments, medical care and other services to meet their needs.

Assistance provided to adult repatriates will be based on the SSI (not including SSP) standard of assistance and level of payment.

For a family, the AFDC standard of assistance is used. (See EAS Section 44-315.4, Amount of Aid.)

Within 60 days after arrival in the U.S., all persons who are sixty-five (65) years of age or older, blind, or disabled, must be referred to the Social Security Administration to apply for SSI/SSP benefits. Assistance from the Repatriate Program shall be terminated immediately upon determination of eligibility for SSI/SSP benefits.

Residents of California shall, within 60 days after arrival in the U.S., apply for categorical assistance, including General Assistance. Categorical assistance and SSI/SSP are considered resources available to the repatriate.

68-104 ASSISTANCE UNDER THE REPATRIATE PROGRAM FOR THE 68-104
NEEDY SPECIFIED IN 45 CFR 212

1 Repatriate assistance shall be as specified under Division
III, Part B. (Assistance) of the federal "Manual of Policies

and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries" (May 1984).

.11 Repatriate assistance includes money payments, medical care, temporary billeting or lodging, transportation, and other goods and services necessary for the health or welfare of individuals. This also includes counseling and referral for employment, retraining, vocational rehabilitation, and medical services.

.2 Aid payments, resettlement expenses and the duration of assistance shall be as specified under Division III, Part B. (Assistance) of the federal "Manual of Policies and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries."

.3 Extension of Eligibility

The county agency shall request an extension of assistance prior to the expiration of the initial 90-day period of eligibility if the repatriate is not eligible for assistance through categorical assistance programs and is prevented from attaining self-support due to age, disability, or lack of vocational training.

The federal authorities may permit extensions up to nine more months.

.31 Requests for extension of assistance shall contain the information specified under Division III, Part B., Section 2.c. (Extension of eligibility period) of the federal "Manual of Policies and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries."

.32 Requests for extension must be submitted to:

State of California
Department of Social Services
Disaster Response Services Bureau
744 "P" Street, MS 19-43
Sacramento, CA 95814

Upon receipt of the request, SDSS shall present the matter to federal authorities for action prior to the end of the 90-day eligibility period of Repatriate Program assistance. The Associate Commissioner for the Office of Family Assistance (OFA) will review the request, decide if assistance shall be extended, and

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advise the State Department of Social Services (SDSS) to notify the county agency.

This process could be delayed, depending upon the facts and circumstances of the case; therefore, the county agency should initiate the request for extension immediately upon determining that an extension will be necessary because aid cannot be continued beyond the initial 90-day eligibility period without prior authorization.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 USCA Section 1313(c); and 45 CFR 212.4 and .5.

5) Amend Section 68-105 to read:

68-105 DURATION OF ASSISTANCE

68-105

Aid is limited to 90 days unless the person achieves self-support during this time. The 90 days start from the date of arrival of the repatriate back in the United States.

An extension for aid may be granted if the repatriate is handicapped in attaining self-support or self-care for such reasons as age, disability or lack of vocational preparation. A request explaining in full detail the reason for the extension is to be directed to the Adult Program Management Branch, State Department of Benefit Payments, 744 1st Street, Sacramento, California 95814, for approval by the Department of Health, Education, and Welfare. If an extension is approved beyond the 90 days, aid under this program may not exceed one calendar year from date of arrival.

68-105 ELIGIBILITY REQUIREMENTS FOR THE MENTALLY ILL
REPATRIATE SPECIFIED IN 45 CFR 211

68-105

- .1 Eligibility for care, treatment, and assistance under the Repatriate Program for the mentally ill shall be in accordance with the criteria specified under Division III, Part A. (Eligibility Requirements) of the federal "Manual of Policies and Procedures for Administration of Services in the Care and Treatment of Mentally Ill U.S. Citizens/Nationals Returned from Foreign Countries" (October 1, 1985).

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 24 USCA Section 321(d); and 45 CFR 211.3.

6) Adopt Section 68-106 to read:

68-106 ASSISTANCE, CARE AND TREATMENT FOR THE MENTALLY 68-106
ILL REPATRIATE SPECIFIED IN 45 CFR 211

.1 Assistance payments, expenses, and services shall be provided as permitted under Division III, Parts B. (Assistance) and C. (Care and Treatment) of the federal "Manual of Policies and Procedures for Administration of Services in the Care and Treatment of Mentally Ill U.S. Citizens/Nationals Returned from Foreign Countries" (October 1, 1985).

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 24 USCA Section 322(a); and 45 CFR 211.6, .7, .8, and .10.

7) Repeal Section 68-107

68-107 SPECIAL PROCEDURES - U.S. CITIZENS REPATRIATED 68-197
FROM CUBA VIA BROWNSVILLE, TEXAS

The main difference in procedure for U.S. citizens repatriated from Cuba via Brownsville is that the DDP will not usually, if ever, refer these cases to the county. These repatriates will usually contact the county directly, either on their own or through referral by a voluntary cooperating agency, i.e., U.S. Catholic Conference, Church World Service, United Hebrew Immigrant Aid Society, etc. The county should clear the status of each case through DDP, unless it can be determined from papers in possession of the applicants whether or not they are repatriates. Once the clearance has been made, the procedures under Section 68-106 above are followed.

Since persons on flights via Brownsville will include both repatriates and Cuban-refugees, it will be necessary when both spouses enter together or one is already in the U.S., to determine the nationality of the male spouse. His nationality determines the status of the couple. If the husband is a Cuban refugee and the wife is a repatriate, both would be considered Cuban refugees. If he is a repatriate, the wife would also be considered a repatriate regardless of her registration with the Cuban Refugee Center.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 45 CFR 212.

8) Amend and renumber Section 68-106 to read:

68-1067 GENERAL PROCEDURES FOR THE REPATRIATE
PROGRAMS FOR THE NEEDY AND FOR THE MENTALLY ILL

68-1067

County action in these cases is concerned with the determination of resources and need for either financial assistance or other services. There is no application form that the repatriate must sign. However, he must make his need known to the county agency. The county department is under no obligation to seek him out unless specifically requested by either DBP or the federal agency.

Since the number of persons repatriated is relatively small, no rigidly structured procedures are needed. The general procedures are as follows:

- 1 The federal agency notifies the State Department of Benefit Payments by telephone (if return of the repatriate is imminent) or by letter of the person's impending repatriation and requests action.
- 2 State Department of Benefit Payments notifies the county and requests action.
- 3 The county takes appropriate action and sends a report of investigation to State Department of Benefit Payments.
- 4 The county report is forwarded to the federal agency.
- 5 When the repatriate arrives and makes his need known to the county, aid may be paid.
- 6 By the fifth of each month, following county expenditures, the claim for reimbursement should be sent to the Repatriate Program Consultant, Adult Program Management Branch, State Department of Benefit Payments, 744 12th Street, Sacramento, California 95814.
- 7 There are only two forms to be completed and they are federal forms.
 - a APA-2061 (Report on Referral). This form is to be completed and forwarded not more than five days after the first contact with the repatriate whether or not assistance is given. If any financial assistance is given, administrative costs incurred by the county are

to be entered in item (2) of the form in the space designated "Other." The funds for this program are from a "closed-end" budget and this form alerts the Department of Health, Education, and Welfare of the amount that should be set aside for this particular case. Complete in quadruplicate and send three copies to Repatriate Program Consultant, Adult Program Management Branch, State Department of Benefit Payments, 744 14th Street, Sacramento 95814.

- b. APA-2048 (Expenditure Statement and Claim for Reimbursement). This form is completed monthly (see item #6 above). Complete in quadruplicate and send three copies to Accounting Bureau, State Department of Benefit Payments, 744 14th Street, Sacramento, California 95814.

Since the number of cases is small, control of audit purposes is maintained by name only in the SDOH and the federal agency. However, the county may use any combination of numbers or letters for its own internal control procedures. A separate case record should be maintained for each case and recorded entries made to justify all expenditures made and services given.

.1 Repatriation of both needy repatriates and/or mentally ill repatriates includes the following sequence of activities:

- .11 Overseas U.S. Department of State staff arranges for the return of the repatriate to the U.S. and refers the repatriate case to the Office of Family Assistance (OFA) Central Office in Washington, D.C. This procedure establishes the repatriate's eligibility for assistance.
- .12 The OFA Central Office transmits the particulars of the repatriate case to the regional OFA in which the port of entry is located.
- .13 The regional OFA refers the repatriate case to SDSS and provides guidance in developing and implementing the plan to assist the repatriate.
- .14 SDSS transmits detailed information to the county agency where the port of entry is located regarding the identity, time, and mode of arrival of the repatriate; whether the repatriate will require resettlement assistance or the provision of onward transportation to another county or state; the diagnosis, prognosis, any special problem and other pertinent information, such as

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the necessity for an escort or ambulance service in the case of the physically or mentally ill repatriate.

.15 The county agency representative meets with the repatriate and provides the reception and onward transportation assistance to the repatriate.

.16 The county agency submits reports to OFA through SDSS to secure reimbursement for repatriation expenditures.

.2 County agency participation in Repatriate Program activities shall begin upon notification from SDSS of the expected arrival of the repatriate, or upon confirmation of repatriate status in cases of direct requests for assistance.

.21 The eligibility of persons requesting repatriation assistance directly from the county agency shall be established prior to rendering services by one of the following methods:

.211 The appropriate county agency shall examine the repatriate's loan document provided by the Consular Office of the Department of State or

.212 The appropriate county agency shall request SDSS to clear the person's eligibility through the OFA Regional Office.

.3 County agency activities as performed by a county representative shall include the following:

.31 Meet the repatriate;

.32 Explain the purpose and requirements of the program;

.33 Provide a copy of the pamphlet "Temporary Assistance for Repatriates" (1988 Reprint);

.331 Pamphlets are available to counties upon request. Requests should be addressed to:

State of California
Department of Social Services
Disaster Response Services Bureau
744 "P" Street, MS 19-43
Sacramento, CA 95814

.34 Determine the specific need for assistance, based upon income and resource availability (see Section 68-103);

- .35 Provide necessary assistance to the needy repatriate (see Section 68-104) or to the mentally ill repatriate (see Section 68-106);
- .36 Secure from the repatriate a signed repayment agreement in accordance with Division IV, Part C. (Repayment by Repatriate of Cost of Assistance) of the federal "Manual of Policy and Procedures for Administration of Services in the Care and Treatment of Mentally Ill U.S. Citizens/Nationals Returned from Foreign Countries" (October 1, 1985) and Division IV, Part C. (Repayment by Repatriate of Cost of Assistance) of the federal "Manual of Policy and Procedures for Administration, Temporary Assistance for U.S. Citizens Returned from Foreign Countries" (May 1984) (see Section 68-108.11).

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 USCA Section 1313(a)(3); 24 USCA Section 322(a); and 45 CFR 211.6, .7, .8, and .10 and 212.4 and .5.

9) Amend Section 68-108 to read:

68-108 REPAYMENT OF REPATRIATE ASSISTANCE PROGRAM
 ADMINISTRATIVE REQUIREMENTS

68-108

➤1 Discussion with Repatriate

Repayment possibility should be discussed with repatriates in order to determine their ability to reimburse for the assistance provided to them under the Repatriate Program.

➤2 Determining Ability to Repay

The ability to repay should be ascertained by the agency from which the assistance is received. Such agency would usually be the county welfare agency at the port of entry or the welfare agency at the place of destination.

➤3 Agency Responsibility

The agency's responsibility in respect to repayment is (1) to explain to an individual requesting assistance that repayment is expected of persons with sufficient financial ability (supplementing this explanation by reference to the Temporary Assistance for Repatriates leaflet), (2) to determine his ability to repay, (3) to develop a plan of repayment when possible, and (4) to recommend on Form APA-2061 regarding repayments.

➤4 Repatriate Resources Available

This necessitates exploration of the kind and value of resources available to the individual or family and the obligations which must be met from these resources in the future. When possible, this exploration would be made at the time an individual is approved for assistance.

➤5 Minimum Collectible Amount

Assistance amounting to less than \$50 is considered a sum impracticable for collection.

➤6 Federal Agencies to be Repaid

Two federal departments are involved in repayments of repatriate assistance.

➤61 From Foreign Country to Port of Entry

Repatriates, able to do so, repay the Department of State for transportation loans covering travel from a foreign country to port of entry. These repayments are sent to:

Fiscal Services Division
Office of Operations
Department of State
Washington, D.C. 20520

62 From Port of Entry to Final Destination

Any assistance provided out of Department of Health, Education, and Welfare repatriate funds from port of entry to final destination, plus any assistance out of these funds after arrival there is made by the repatriate able to repay to:

Assistance Payments Administration
Social and Rehabilitation Service
Department of Health, Education, and Welfare
Washington, D.C. 20201

The following federal forms shall be completed by the county agency for the Repatriate Program for the Needy specified under 45 CFR 212 and for the Repatriate Program for the Mentally Ill specified under 45 CFR 211: Form SSA-2061 (rev. 7/81), "Assistance for U.S. Citizens Returned from Foreign Countries - Report on Referral and Form SSA-3955 (rev 7/81), "Expenditure Statement and Claim for Reimbursement".

.1 Form SSA-2061, "Assistance for U.S. Citizens Returned from Foreign Counties - Report on Referral"

.11 A complete set of the SSA-2061 shall include the original and four copies of the SSA-2061, and one copy of the repayment agreement (see Section 68-107.36).

.111 The county agency shall give one copy of the repayment agreement to the repatriate and retain one copy.

.112 In cases where the repatriate is unable to sign the repayment agreement, the county shall submit a statement attached to the repayment agreement indicating the circumstances surrounding the repatriate's inability to sign.

.12 Within five days of the first contact with a repatriate, the county agency shall forward the completed set of the SSA-2061 to SDSS.

.13 Counties shall disregard processing instructions reflected on the SSA-2061 form itself and follow processing guidelines herein.

HANDBOOK

.14 The county agency shall note on the SSA-2061 its assessment of the repatriate's financial ability to make repayment, the plan for repayment, or a recommendation for waiver of repayment responsibility.

.141 A repatriate shall be deemed able to repay when income and/or resources in excess of continuing needs can be expected to become readily available within a year after self-support is attained.

(a) Income and/or resources are to be considered readily available when under the control of the recipient and sufficient to be drawn upon for repayment.

It is not intended that repayment deplete income and/or resources needed to become independent or to maintain independence.

HANDBOOK

.142 The county agency shall recommend waiver of repayment responsibilities when there is evidence that:

(a) costs incurred are not readily allocable to the individual;

(b) recovery would be uneconomical or otherwise impractical;

(c) the repatriate does not have, and is not expected within a reasonable time to have, income and financial resources sufficient for more than ordinary needs;

(d) recovery would be against equity and good conscience as determined by the county;

(e) the repatriate is a recipient of the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program, Aid to Families with Dependent Children

(AFDC) Program, or a county General Assistance/General Relief (GA/GR) Program;

(f) assistance amounted to less than \$50 when such assistance provided was for small, incidental expenses, such as overnight accommodations and meals incurred in the course of reception, if no other assistance was furnished; or,

(g) the repatriate has died, unless there is evidence of an estate.

.143 Waiver of repayment responsibilities for mentally ill repatriates specified under 45 CFR 211 shall be recommended when there is evidence that:

a) the probable recovery will not warrant the expense of collection;

b) the repatriate is a recipient of SSI, AFDC, or a county GA/GR Program;

c) assistance amounted to less than \$50 when such assistance provided was for small, incidental expenses, such as overnight accommodations and meals incurred in the course of reception, if no other assistance was furnished; or,

d) the repatriate has died, unless there is evidence of an estate.

.144 The county shall instruct recipients to make repayments directly to federal authorities.

The U.S. Department of Health and Human Services (DHHS), Public Health Services is responsible for the collection of repayments for the Repatriate Program. Repayments shall be made by check or money order to the U.S. DHHS and should note that the payment is for the Repatriate Program. Payments shall be mailed to U.S. DHSS, Public Health Services, 5600 Fishers Lane, Room 16A09, Attn: Collection Officer, Rockville, MD 20857.

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.2 Form SSA-3955, "Expenditure Statement and Claim for Reimbursement"

.21 For each repatriate case reported on Form SSA-2061, the county agency shall submit a Form SSA-3955 within five days after the close of the month. This monthly expenditure report shall be submitted in quadruplicate if funds have been expended for which the county is claiming reimbursement. A copy of a receipt or bill shall be attached to the SSA-3955 for unusual expenses such as medical bills. County agency records shall contain information and documentation necessary to support the validity of each claim.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 24 USCA Section 328, 42 USCA, Section 1313(a)(2) and (3); and 45 CFR 211.12 and .13 and 212.4 and .8.

10) Adopt new Section 68-109 to read:

68-109 RECORDING REQUIREMENTS FOR THE REPATRIATE PROGRAM 68-109

A separate fiscal record shall be established and maintained for each person for whom any expenditures are made under this program.

- .1 Records shall include sufficient and accurate information as to who was aided, the type of assistance provided, and substantiation of the need for such assistance.
- .2 Records shall be retained for three years following the date the case is closed or until resolution of any litigation, claim, negotiation, audit or other action involving records.
- .3 The Department of Health and Human Services, the Comptroller General or any of their authorized representatives shall have the right of access to all records pertaining to the Repatriate Program.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 45 CFR 211 and 212.

11) Adopt new Section 68-110 to read:

68-110 SAFEGUARDING INFORMATION FOR THE REPATRIATE 68-110
PROGRAM FOR THE NEEDY, AND FOR THE MENTALLY ILL

Information concerning applicants and recipients of aid and services under these programs shall be maintained in accordance with standards contained within the federal manuals specified under Sections 68-103 and 68-105.

Authority Cited: Sections 10553 and 10554, Welfare and
 Institutions Code.

Reference: 45 CFR 211.14 and 212.9.

INSTRUCTIONS

13) Amend Fiscal Management Handbook Section 25-759 to read:

The purpose of the Repatriate Program is to provide temporary and/or continuing assistance to destitute and ill U.S. citizens (and their dependents) who have returned from a foreign country because of destitution, physical illness, mental illness, war or threat of war.

Reimbursement for temporary assistance provided by the county welfare department is available for costs identified in MPP Section 68-104. Administrative costs incurred by the county in providing such assistance are also reimbursable and will be stated in the space designated "Other" on Form SSA 3955. Expenditure statement and claim for reimbursement of these expenditures must be fully explained on an attachment to the form SSA 3955.

In addition, a repatriate who was not previously a resident of California or who lost California residence during his absence may if otherwise eligible receive continuing Repatriate assistance including money payments, medical care and other services to meet his/her needs. Assistance to adult repatriates is based on the SSI (not including SSI) standard of assistance. Families are aided on the AFDC standard.

Aid is limited to 90 days unless the person achieves self-support during that time. The 90 days start from the date of arrival of the repatriate back in the United States. In certain circumstances an extension of aid may be granted in accordance with MPP Section 68-105.

Form SSA 3955 Expenditure statement and claim for reimbursement is completed monthly and is forwarded by the county to the Repatriate Program Consultant, Emergency Welfare Services Bureau, 45 19-437 State Department of Social Services, 744 P Street, Sacramento, California 95814, by the fifth of each month.

If necessary, a supplemental SSA 3955 may be submitted for a month already stated. A supplemental SSA 3955 must be clearly identified as a supplemental and must include an explanation of the need for supplementation.

The Repatriate Program consists of a program for the needy and a program for the mentally ill.

The purpose of the Repatriate Program for the Needy is to help U.S. citizens and their dependents who are certified as eligible by the Department of State, at the point of their return to the U.S. and for a temporary period thereafter, and to enable them to utilize other resources for maintenance as soon as possible. The purpose of the Repatriate Program for the Mentally Ill is to help U.S. citizens/nationals who are certified as eligible by the Department of State at the point of their return to the U.S. and thereafter with necessary assistance, care and treatment for a temporary period and to make arrangements for the transfer of responsibility for such persons for continued care and treatment.

State standards for the program of Aid to Families with Dependent Children (AFDC) shall be used in determining the amount of financial assistance needed by individuals or families. When aid is needed for resettlement or in the place of residence, financial assistance for initial, one-time services may exceed the AFDC standard. (Prior approval should first be obtained through SDSS.)

Form SSA-3955, Expenditure Statement and Claim for Reimbursement shall be used to report and claim expenditures on each repatriate case, unless or until the volume and nature of the cases is such that group reporting is indicated. Claims are to be submitted in quadruplicate as soon as possible after the end of each month but not later than 15 days after the close of the month. A copy of a receipt or bill shall be attached to the SSA-3955 for unusual expenses such as medical bills. County agency records shall contain sufficient information to support the validity of each claim. The completed copies of Form SSA-3955 shall be sent to the SDSS, Disaster Response Services Bureau, MS 19-43, 744 P Street, Sacramento, CA 95814.

Reimbursement for assistance provided by the county agency under the Repatriate Program for the Needy is available for costs identified in MPP 68-104.2.

Reimbursement for assistance provided by the county agency under the Repatriate Program for the Mentally Ill is available for costs identified in MPP 68-106.

Identifiable administrative costs incurred by the county agency in providing assistance to eligible persons under both programs are also reimbursable and are to be claimed in the space designated "Other" on the SSA-3955. An explanation fully describing the administrative costs is to be attached to the SSA-3955.

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Authority Cited: Sections 10553 and 10554, Welfare and
Institutions Code.

Reference: 42 USCA Section 1313(a); 24 USCA Section 322;
and 45 CFR 211.12 and 212.8.

OFFICE OF ADMINISTRATIVE LAW
**CERTIFICATION
OF
APPROVAL**

FILED

In this office of the Secretary of State
of the State of California

JAN 12 1989

At 349 o'clock P.M.

MARCH EDNG EU, Secretary of State

By [Signature]
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 88-1213-01

[Signature]
**LINDA STOCKDALE BREWER
DIRECTOR**

1/12/89
Date

FACE SHEET

(See Instructions on Reverse)

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

RDB #1288-57

FILED

In this office of the Secretary of State
of the State of California

JAN 30 1989

At 440 o'clock P.M.

MARCH FRANK EU, Secretary of State

By Brian Bates
Deputy Secretary of State

ENDORSED
APPROVED FOR FILING
JAN 30 1989

State Department of Social Services

(AGENCY)

J. L. S. Michel

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date: 1-19-89

For use of Office of Adm Law

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions) TITLE TELEPHONE

Rosalie Clark, Chief, Regulations Development Bureau

(916) 445-0313

2. Type of filing, (check one) ☐ 30-day Review ☒ Emergency ☐ Certificate of Compliance (Complete Part 4 below)

☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)

☐ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction

3. a. Specify California Administrative Code title and sections as follows:

Title MPP

SECTIONS ADOPTED:

63-084

SECTIONS AMENDED:

63-402.227; 63-407.6 and .8; 63-408.1, .2, .3 and .6; 63-503.4 and 63-801.3

SECTIONS REPEALED:

b. The following sections listed in 3a contain modifications to the text originally made available to the public:

4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)

☐ prior to the emergency adoption

☐ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.

5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?

☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL:

6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?

☒ No ☐ Yes, if yes, give date statement was submitted to OAL

7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)

☐ Fair Political Practices Commission (Include FPPC approval stamp)

☐ Building Standards Commission (Attach approval)

☐ State Fire Marshall (Attach approval)

☐ Department of Finance (Attach properly signed Std. 399)

☐ Other

(SPECIFY AGENCY)

8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER b. DATE OF FINAL AGENCY ACTION c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))

January 20, 1989

9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)

a. ☐ Effective 30th day after filing with the Secretary of State.

b. ☐ Effective upon filing with the Secretary of State. (02-01-89)

c. ☐ Effective on _____ as required or allowed by the following statute(s):

d. ☐ Effective on _____ (Designate effective date earlier than 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)

Attach request demonstrating good cause for early effective date. Request subject to OAL approval.

e. ☒ Effective on 2-1-89 (Designate effective date later than the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

DELEGATED AUTHORITY ORDER

I hereby authorize and designate the following individuals as the agency contact persons who have authority, during the Office of Administrative Law review period, to make decisions and answer questions regarding regulations adopted by the Department of Social Services.

Rosalie P. Clark, Chief
Regulations Development Bureau

James Rhoads, Assistant Chief
Regulations Development Bureau

This designation shall be effective on 8-26-88, 1988 and shall remain in effect until superseded or cancelled.



Linda S. McMahon
Director

8-26-88
Date

Adopt Section 63-084 to read:

63-084 IMPLEMENTATION OF VOLUNTARY QUIT AND WORK REGISTRATION 63-084
REQUIREMENTS REGULATIONS

Effective February 1, 1989, CWDs shall implement the following provisions relating to voluntary quit and work registration requirements: Sections 63-402.227, 63-407.63, 63-407.87, 63-407.89, 63-408, 63-408.11, 63-408.112, 63-408.15, 63-408.223, 63-408.224, 63-408.23, 63-408.241, 63-408.242, 63-408.25, 63-408.251, 63-408.31, 63-408.41, 63-408.621, 63-408.623, 63-408.63, 63-503.443 and 63-801.312.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: Sections 18902 and 18904 of the Welfare and Institutions Code.

Amend Section 63-402.2 to read:

63-402 HOUSEHOLD CONCEPT

63-402

•2 Nonhousehold and Excluded Household Members (Continued)

•227 Work Requirements Disqualified

Individuals disqualified for noncompliance with
the work requirements of Section 63-407.4 and
individuals specified in Section 63-408.242.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare
and Institutions Code.

Reference: 7 CFR 273.7(n)(1)(vi).

Amend Section 63-407.6 to read:

63-407 WORK REGISTRATION REQUIREMENTS

63-407

•6 Ending Disqualification

•61 (Continued)

•62 (Continued)

•63 A household may reestablish eligibility if a new and eligible person joins a disqualified household as the principal work registrant.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(g)(1).

Amend Section 63-407.8 to read:

63-407 WORK REGISTRATION REQUIREMENTS

63-407

.8 Food Stamp Employment and Training Program (Continued)

.87 Individuals or households who have been disqualified for noncompliance with the requirements of the FSET program shall be permitted to establish or reestablish eligibility in accordance with Sections 63-407.61, and .62, or .63.

.88 (Continued)

.89 Other Program Requirements

If a benefit overissuance is discovered for a month or months in which a participant has already fulfilled a workfare or work component requirement, the following requirements shall apply.

.891 If the person who performed the work is still subject to a work obligation, the CWD shall determine how many extra hours were worked because of the improper benefit. The participant shall be credited that number of hours toward future work obligations.

.892 If the workfare or work component does not continue and the overissuance was the result of an intentional Program violation, the amount of the claim determined under Section 63-801.322 shall be for the entire amount of the overissuance and not adjusted for work participation.

.893 If the workfare or work component requirement does not continue and the overissuance was the result of an inadvertent household or agency error, the CWD shall:

(a) Determine whether the number of hours worked in workfare are more than the number which could have been assigned had the proper benefit level been used in calculating the number of hours to be worked.

(b) If the extra hours that were worked because of the improper benefit level equal the

amount of hours calculated by dividing the overissuance by the minimum wage, no claim shall be established. No credit for future work requirements shall be given.

(c) If the extra hours worked do not equal the amount of overissuance times minimum wage, the amount of the claim established under Section 63-801.312 shall be adjusted to equal the amount of the overissuance not "worked off".

HANDBOOK

EXAMPLE

A household was incorrectly issued a benefit of \$150 in a month when \$100 would have been the proper benefit. The household, based on the \$150 allotment worked 35 hours [\$150 divided by the minimum wage--\$4.25]. Had the allotment been correctly calculated the household could have been assigned no more than 23 hours in that month. A claim would be established for the amount of the overissuance not "worked off" [e.g., any hours between 23 and 35 which were not "worked off"]. Since the household worked the entire 35 hours, no claim would be established. However, if the household had worked 30 hours, the minimum wage times five [the number of hours not "worked off"] or \$21.25, would have to be recovered.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(c)(11); 7 CFR 273.7(g)(1)* and 7 CFR 273.22(f)(9), (f)(9)(i) and (f)(9)(ii).

Amend Section 63-408 to read:

63-408 VOLUNTARY QUIT

63-408

No applicant or participating household shall be eligible for participation in the program when a principal work registrant has voluntarily quit without good cause as specified in this section. If an individual quits a job, secures new employment at comparable wages or hours and is then laid off or, through no fault of his/her own loses the new job, the earlier quit will not form the basis of a disqualification. For the purpose of this section, employment shall mean 20 hours or more per week or weekly earnings equivalent to the federal minimum wage multiplied by 20 hours.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n)(1)(i).

Amend Section 63-408.1 to read:

63-408 VOLUNTARY QUIT

63-408

.1 Applicant Households

- .11 When a household files an application or reapplication, the CWD shall determine if the principal work registrant who is required to register for full-time work, or who is exempt from registration in accordance with Section 63-407.21(g), has quit a job without good cause either within 60 days before filing an application or when last participating in the Food Stamp Program. The CWD shall process the application...

.111 (Continued)

.112 If a voluntary quit occurred prior to certification, but is not discovered by the CWD until after certification, the household shall be considered a participating household and the disqualification shall be imposed in accordance with the procedures specified in Section 63-408.22.

.12 (Continued)

.13 (Continued)

.14 (Continued)

- .15 The CWD shall inform the applicant of the consequences of the principal work registrant quitting his/her job without good cause and of the consequences of a person joining the household as the principal work registrant if that person has voluntarily quit a job.

Authority Cited: Sections 10553, 10554, and 18904 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n), (n)(1)(iii), and (n)(1)(vi).

Amend Section 63-408.2 to read:

63-408 VOLUNTARY QUIT

63-408

.2 Participating Households

.21 (Continued)

.22 (Continued)

.221 (Continued)

.222 (Continued)

.223 Explain the actions which may be taken to end or avoid the disqualification and the conditions under which the household may reapply; and

.224 Inform the household of the right to request a state hearing. If a state hearing is requested, continued participation shall be in accordance with Section 63-804.6. If a participating household's benefits are continued pending a state hearing and the CWD's determination is upheld, the disqualification period shall begin the first of the month after the hearing decision is rendered.

.23 If a household leaves the program before the sanction can be imposed, the sanction shall be applied when the household returns to the program the period of ineligibility shall run continuously for three months beginning with the first of the month after the expiration of the adverse notice period, unless it is ended in accordance with Section 63-408.6.

.24 An individual who has been disqualified for quitting a job as the principal work registrant will carry the sanction with him/her.

.241 If he/she joins a new household as the principal work registrant, the new household will be ineligible for the remainder of the sanction period unless the person who caused the disqualification ends it the disqualification is ended in accordance with Section 63-408.6.

.242 If he/she joins a new household where he/she is not the principal work registrant, the individual shall be considered an excluded household member

for the remainder of the sanction period unless that individual ends the disqualification in accordance with Section 63-408*6 the disqualification shall end.

.25 If the quit occurred or is determined during the last month of a certification period, the following shall apply:

.251 If the household applies for food stamps by the end of the certification period, the household shall be denied recertification for a period of three months, beginning with the day after the last certification period has ended.

.252 If the household does not apply for food stamps by the end of the certification period:

(A) A claim shall be established for benefits received by the household for up to three months, beginning with the first of the month after the month in which the quit occurred.

(B) If benefits were received for fewer than three months from the first of the month after the month in which the quit occurred to the end of the certification period, a claim shall be established for the number of days benefits were received. In addition, the household shall remain ineligible for a prorated number of days, with the end result that a claim was established or the household was ineligible for a full three-month period.

HANDBOOK

EXAMPLE 1

A household's certification period ends January 31. They apply for recertification on January 3. During the eligibility interview on January 10 it is determined that the PWR voluntarily quit a job without good cause on December 16. The CWD would deny recertification and send a Notice of Disqualification for the period February 1 through April 30.

EXAMPLE 2

A household's certification period ends January 31. They do not apply for recertification. The CWD learns that the PWR voluntarily quit a job without good cause on December 16th. The CWD would terminate the case effective January 31, send a Notice of Disqualification for the period February 1 through March 31 and establish a claim for benefits received during the month of January.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n)(1)(vi) and 7 CFR 273.7(n)(5)(iii).

Amend Section 63-408.3 to read:

63-408 VOLUNTARY QUIT

63-408

•3 Exemptions from Voluntary Quit Provisions

The following persons are exempt from voluntary quit provisions:

- 31 Persons exempt at the time of quit From the work registration provisions as stated in Section 63-407.21, other than the exemption specified in Section 63-407.21(g).

Authority Cited: Sections 10553, 10554, and 18902 of Welfare and Institutions Code.

Reference: 7 CFR 273.7(n) and (n)(2).

Amend Section 63-408.6 to read:

63-408 VOLUNTARY QUIT

63-408

•6 Ending a Voluntary Quit Disqualification

•61 (Continued)

•62 (Continued)

•621 Secures new employment which is comparable in salary or hours to the job which was quit, and which may entail fewer hours or a lower net salary than the job that was quit, or

•622 (Continued)

•623 (Continued)

•63 A household may reestablish eligibility if a new and otherwise eligible person joins the household as the principal work registrant.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n)(5)(ii) and (iii).

Amend Section 63-503.4 to read:

63-503 DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS 63-503

•4 Households with Special Circumstances (Continued)

- 443 Household Members Excluded for SSI Recipient or Ineligible Student Status or Noncompliance with Work Requirements

The eligibility and monthly allotment of any remaining household members of a household containing individuals excluded for being an SSI recipient, ineligible student, or for noncompliance with the work requirements of Section 63-407.4, ~~or those individuals specified in Section 63-408.242~~ shall be determined in accordance with the requirements for nonhousehold members as specified in Section 63-503.45.

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n)(1)(vi).

Amend Section 63-801.3 to read:

63-801 CLAIMS AGAINST HOUSEHOLDS

63-801

.3 Calculating the Amount of Claims

.31 Inadvertent Household and Administrative Error Claims
(Continued)

- .312 If the household received a larger allotment than it was entitled to receive, the CWD shall establish a claim against the household equal to the difference between the allotment the household received and the allotment the household should have received. [For further action required when the overissuance is discovered for a month or months in which any member has already performed a workfare or work component requirement, see Section 63-407.89.]

Authority Cited: Sections 10553, 10554, and 18902 of the Welfare and Institutions Code.

Reference: 7 CFR 273.7(n)(1)(vi).

OFFICE OF ADMINISTRATIVE LAW
CERTIFICATION
OF
APPROVAL

FILED

In this office of the Secretary of State
of the State of California

JAN 30 1989

At 440 o'clock P.M.

MARCH FONG EU, Secretary of State

By *[Signature]*
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking
file identified below were reviewed and approved by the Director of the
Office of Administrative Law in the city of Sacramento, state of
California.

Submitting Agency: Department of Social Services

DAL File No: 89-0120-01 E

[Signature]
LINDA STOCKDALE BREWER
DIRECTOR

1/30/89

Date

FACE SHEET

RDB #0888-31
(See Instructions on Reverse)

89-0109-02N

1989 JAN -9 PM 1:17
OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING
FEB 03 1989

Office of Administrative Law

For use of Office of Adm Law

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

DEPARTMENT OF SOCIAL SERVICES

(AGENCY)

L. S. Michel

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date:

1-9-89

FILED
In this office of the Secretary of State
of the State of California

FEE 03 1989
At 1:38 o'clock P.M.
MARCH FORG EU, Secretary of State
By *[Signature]*
Deputy Secretary of State

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING
(See instructions)
Rosalie Clark, Chief
Regulations Development Bureau
TELEPHONE
445-0313
2. Type of filing, (check one) ☐ 30-day Review ☐ Emergency ☐ Certificate of Compliance (Complete Part 4 below)
☐ Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)
☒ Nonsubstantive changes with nonregulatory effect ☐ Printing Error Correction
3. a. Specify California Administrative Code title and sections as follows:
Title MPP
SECTIONS ADOPTED:
SECTIONS AMENDED:
30-766.12
SECTIONS REPEALED:
30-753(cc), 30-763.213, 30-766.151, .16, .17.2, .3, and .4
b. The following sections listed in 3a contain modifications to the text originally made available to the public:
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)
☐ prior to the emergency adoption
☐ within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?
☒ No ☐ Yes, if yes, give date(s) of prior submittal(s) to OAL:
6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?
☒ No ☐ Yes, if yes, give date statement was submitted to OAL
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)
☐ Fair Political Practices Commission (Include FPPC approval stamp) ☐ Building Standards Commission (Attach approval)
☐ State Fire Marshall (Attach approval) ☐ Department of Finance (Attach properly signed Std. 399)
☐ Other _____ (SPECIFY AGENCY)
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
N/A
b. DATE OF FINAL AGENCY ACTION
January 9, 1989
c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c))
N/A
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)
a. ☐ Effective 30th day after filing with the Secretary of State.
b. ☒ Effective upon filing with the Secretary of State.
c. ☐ Effective on _____ as required or allowed by the following statute(s):
d. ☐ Effective on _____ (Designate effective date *earlier than* 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).)
Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
e. ☐ Effective on _____ (Designate effective date *later than* the normal effective date for the type of order filed.)

INSTRUCTIONS FOR STD 400

Completed Face Sheet for Filing Regulations with the Office of Administrative Law must be attached to the front of each of the seven copies of the regulations. Note that at least one Face Sheet must contain an original signature of the agency officer with rulemaking authority.

- Part 1. Provide the name and telephone number of the person who is authorized during the review period to answer questions regarding this regulatory filing. If different than person designated in certification box, attach order delegating authority for making decisions regarding these regulations.
- Part 2. Check the appropriate box. NOTE: Nonsubstantive changes are reviewed by and are subject to OAL approval.
- Part 3 a. Provide the Administrative Code Title in which the regulation will appear and list *section* number of each regulation to be amended, adopted or repealed. *When filing a Certificate of Compliance list the section number of each emergency regulation formally adopted after completion of the rulemaking procedures of the APA.* (Attach additional sheets if necessary.)
- b. Please list the section number of each regulation which includes modifications to the text to the regulations originally made available to the public pursuant to Government Code Section 11346.5(b), and adopted, amended or repealed as modified pursuant to Government Code Section 11346.8(c). The sections listed here must correspond to the sections which were made available for 15 days pursuant to Government Code Section 11346.8(c).
- Part 4. Check appropriate box as necessary to comply with the requirements of Government Code Section 11346.1(e).
- Part 5. Specify date(s) and file number(s) of each prior submittal of these regulatory changes which was withdrawn or disapproved.
- Part 6. OAL has a longer time period to review regulatory changes submitted to carry out amendments and repeals which are identified in the agency's Statement of Review Completion and which have been submitted as a result of the agency's review of regulations administered by it as of June 30, 1980. Therefore, these regulatory changes should be submitted in a separate filing from any other regulatory changes. If not submitted separately, regulations not resulting from the review and any material in the rulemaking file relating to them must be clearly identified.
- Part 7. Certain regulatory activities must be reviewed and approved by other state agencies prior to submittal to OAL. Regulations subject to prior approval include:
- Fire and panic safety regulations (Govt. Code Sec. 11342.3.).
 - Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
 - Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
- Note: Where regulations have a fiscal impact on state, local or federal government or result in reimbursable costs to local government or school districts the fiscal impact statement must be reviewed, approved and signed by the Department of Finance before the regulations will be accepted for filing by OAL. See Government Code Sections 11349.1, 11346.5(a)(6), and S.A.M. sections 6050-6057.
- Part 8 a. Provide the publication date of the Notice Register in which the notice of proposed action appeared.
- b. Provide the date on which the regulatory agency adopted the regulatory changes.
- c. If the regulations were modified subsequent to the hearing or written comment period, provide the dates during which the modified regulations were made available to the public. Note that period must be at least 15 days and must be completed prior to the date the agency adopts the modified text. All modifications must be clearly indicated.
- Part 9. Effective Dates — check one of the following:
- A regulation or order of repeal is effective 30 days after filing with the Secretary of State unless a different date is specified below.
 - An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
 - If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
 - If an early effective date is being requested, please attach a letter specifying the date the regulation(s) should take effect and the reason for the early effective date. Requests are granted by OAL upon a showing of good cause.
 - If an effective date later than specified above is requested, provide the date.

FILING REQUIREMENTS

The following material must be submitted when filing regulations with OAL:

- *Seven (7) copies of the regulations.* Note: Use underline and strikeout to indicate changes in an existing section. For adoption of a new section, underline new text. The repeal of an entire section may be indicated by placing a diagonal slash through the text to be repealed.
- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

Memorandum

To : Office of Administrative Law
555 Capitol Mall, Suite 1290
Sacramento, CA 95814

Date : January 9, 1989

Subject: RDB #0888-31: MPP
Chapter 30-700

From : Department of Social Services

Senate Bill (SB) 412, Chapter 1438, Statutes of 1987, became effective July 1, 1988. In part, the statute amended Welfare and Institutions Code Section 12301. This amendment revoked the authority for current departmental regulations pertaining to individual counties reducing In-Home Supportive Services (IHSS) to recipients when it is anticipated that county expenditures will exceed the amount of their state allocation.

In accordance with the California Code of Regulations Title 1, Chapter 1, Section 100, the Department is requesting your approval of changes to the Manual of Policies and Procedures (MPP) Chapter 30-700 (Service Program No. 7: In-Home Supportive Services) regulations. These changes should be considered "changes without regulatory effect" because they are simply removing and renumbering sections of regulations for which the statutory authority has been repealed.

Section 30-753 - delete subsection (cc) of the "Special Definitions"; and reletter existing subsections beginning with (dd) through (mm) to reestablish consecutive order of the provisions. Subsection (cc) contains the definition of what is meant by "program reductions" which is no longer necessary because the amendment to Welfare and Institutions Code Section 12301 repealed the authority for program reductions.

Section 30-763 - delete subsection .213 of the "Needs Assessment Process". The policy regarding applicant/recipient cooperation included in subsection .213 is no longer appropriate because the statutory authority for this policy has been repealed.

Section 30-766 - revise subsection .12 to delete language referring to .17 which is also being deleted; delete subsections .151, .16 et seq., .17, .18, .2 et seq., .3 et seq., .4 et seq.; and renumber subsections .152 to .151, and .153 to .152 of the "Program Controls". The subsections being deleted include policies and procedures specific to the implementation of "program reductions" which is no longer appropriate or necessary because the statutory authority that established these policies and procedures has been repealed.

If you have any questions or require additional information,
please contact me at 445-0313.

A handwritten signature in blue ink, reading "Rosalie Clark". The signature is fluid and cursive, with the first name "Rosalie" and the last name "Clark" clearly distinguishable.

Rosalie Clark, Chief
Regulations Development Bureau

Attachments

Delete MPP Section 30-753(cc) and reletter (dd) to (cc), (ee) to (dd), (ff) to (ee), (gg) to (ff), (hh) to (gg), (ii) to (hh), (jj) to (ii), (kk) to (jj), (ll) to (kk), (mm) to (ll), and (nn) to (mm) to read:

30-753 SPECIAL DEFINITIONS (Continued)

30-753

(aa) (Continued)

(bb) (Continued)

~~(cc)~~ Program Reductions mean service restrictions implemented by a county with prior SSS approval in the priority order specified in Welfare and Institutions Code Section 12301~~(1)~~ through (5) and MPP 30-766~~211~~ (a through e reductions).

~~(ddcc)~~ (Continued)

~~(eedd)~~ (Continued)

~~(ffee)~~ (Continued)

~~(ggff)~~ (Continued)

~~(hhgg)~~ (Continued)

~~(iinh)~~ (Continued)

~~(jjii)~~ (Continued)

~~(kkjj)~~ (Continued)

~~(llkk)~~ (Continued)

~~(mml)~~ (Continued)

~~(nnmm)~~ (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 10553, Welfare and Institutions Code.

Delete MPP Section 30-763.213

30-763 NEEDS ASSESSMENT PROCESS (Continued)

30-763

•2 Determination of the total need for IHSS services.

•21 (Continued)

•211 (Continued)

•212 (Continued)

•213 Applicant/recipient failure to cooperate in
•211(e) above when in a program reduction
situation as specified in Section 30-766.2 shall
result in denial or termination of IHSS services.

Authority Cited: Sections 10553 and 10554, Welfare and
Institutions Code.

Reference: Section 10553, Welfare and Institutions Code.

I made pen and ink corrections per phone call with Jim Rhodes on 2/2/89. ²
VJ

Revise MPP Section 30-766.12; delete Sections 30-766.151, .16 et seq., .17, .18, .2 et seq., .3 et seq., and .4 et seq.; and renumber Section 30-766.152 to .151, and .153 to .152 to read:

30-766 PROGRAM CONTROLS (Continued)

30-766

- 1 Each county welfare department shall develop and submit a county plan to SDSS no later than 30 days following receipt of its allocation, which specifies the means by which IHSS will be provided in order to meet the objectives and conditions of the program within its allocation.

•11 (Continued)

- 12 County plans and amendments shall be effective upon submission, except as in •17 below. (Continued)

•13 (Continued)

•14 (Continued)

- 15 If a county's IHSS program base allocation is insufficient to meet projected service needs, the county shall specify within its plan:

- 151 Whether it intends to implement program reduction; or

- 152 (Continued)

- 153 (Continued)

- 16 If program reductions are necessary, the county shall submit its reduction plan to SDSS for approval at least 30 days prior to mailing the reduction Notices of Action. The reduction plan shall include:

- 161 The services identified for reduction;

- 162 The number of severely impaired and nonseverely impaired recipients that will be notified;

- 163 The resulting expenditure reduction;

- 164 The proposed Notices of Action which will be used to notify IHSS recipients of the reductions;

- 17 Counties shall not implement program reductions without SDSS approval of the reduction plan.

3

I made pen and ink addition per phone call with Jim Rhodes, on 2/2/89.

•18 Counties shall not be permitted to reduce services to a level which would create a projected county surplus. Counties that can remain within their base allocation shall not implement reductions.

•2 Program reduction requirements shall include the following:

•21 To the extent feasible, all county reductions of service shall be made evenly throughout the year.

•211 To the extent necessary, counties shall implement one or more of the priorities specified in (a) through (e) below in the priority order listed.

(a) Reduction of the frequency with which one or more nonessential services provided.

(b) Elimination of one or more of the nonessential service categories.

(c) Termination and/or denial of eligibility to persons receiving only domestic services.

(d) Termination and/or denial of eligibility to persons who, in the absence of services, would not require immediate placement in a medical out-of-home care facility.

(e) Equal dollar reduction in costs for each DHS case.

•3 Program reductions shall be implemented as follows:

•31 When implementing reductions under •211(a), (b), and (c) above, services shall not be reduced in such reductions would:

•311 require an employed recipient to become unemployed; or

•312 require, as direct result of the program reduction(s), placement of the recipient in an out-of-home care facility; or

•313 create a life threatening situation by presenting a substantial threat to the recipient's health or safety.

•32 If program reductions as defined in •211 and implemented pursuant to •31 above have been exhausted and are

insufficient to remain within the allocation, the county shall reevaluate each recipient who qualified for exemptions described in #312 above. In reevaluating these recipients, the county shall reduce services to those recipients who would not require placement in a medical out-of-home care facility in the absence of such services as well as the exemptions specified in #311 and #313 above. The county shall implement program reductions specific to the need for medical out-of-home care accordingly for those recipients who do not meet the criteria set forth below.

#321 No recipient shall be considered at risk of placement in a medical out-of-home care facility unless she/he is the following:

- (a) a client with a documented need for paramedical services; or
- (b) a gatekeeper client; or
- (c) a Multipurpose Senior Services Program client; or
- (d) a client currently receiving Medi-Cal/Medicare funded Home Health Care; or
- (e) a client of Adult Day Health Care; or
- (f) a recipient for whom a physician certifies that the lack of services would directly result in the recipient's placement into a medical out-of-home care facility.

#4 When implementing program reductions pursuant to #211 above, a needs assessment shall be completed and documented in the case file for each potentially affected recipient.

#41 Face-to-face contact shall not be required when completing the revised program reduction needs assessment form as long as the provisions of 30-761-31 have been met.

#42 The reassessment due date shall not change as a result of the revised program reduction assessment form.

#43 A record shall be kept for each recipient of the hours reduced for each task and the reason for exempting each

task not reduced in accordance with the county's approved reduction plan.

44 Authorizations reduced as a result of program reductions shall be restored to the appropriate level on the following July 1.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 10553, Welfare and Institutions Code.

OFFICE OF ADMINISTRATIVE LAW CERTIFICATION OF APPROVAL

FILED

In this office of the Secretary of State
of the State of California

FEB 03 1989

At 4:38 o'clock P.

MARCH FONG EU, Secretary of State

By [Signature]
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 89-0109-02 N

[Signature]
LINDA STOCKDALE BREWER
DIRECTOR

2/3/89
Date

FACE SHEET

FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION: I hereby certify that the attached are true and correct copies of regulations adopted, amended or repealed by this agency and that the information specified on this Face Sheet is true and correct.

FILED

In this office of the Secretary of State
of the State of California

FEB 06 1989

At 4:36 o'clock P.M.

MARCH FONG EU, Secretary of State

By John Bates
Deputy Secretary of State

1989 JAN -5 PM 1:44

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED
APPROVED FOR FILING
FEB 08 1989

Office of Administrative Law

For use of Office of Adm Law

State Department of Social Services

(AGENCY)

AGENCY OFFICER WITH RULEMAKING AUTHORITY

Date:

1-4-89

For use by Secretary of State only

1. AGENCY CONTACT PERSON FOR THIS FILING (See instructions)

TITLE	TELEPHONE
Rosalie Clark Chief, Regulations Development	(916) 445-0313
2. Type of filing, (check one)

<input type="checkbox"/> 30-day Review	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Certificate of Compliance (Complete Part 4 below)
<input type="checkbox"/> Regulatory changes resulting from Govt. Code 11349.7 review (Complete Part 6 below)		
<input type="checkbox"/> Nonsubstantive changes with nonregulatory effect <input type="checkbox"/> Printing Error Correction		
3. a. Specify California Administrative Code title and sections as follows:

Title <u>MPP</u>	SECTIONS ADOPTED: <u>50-018</u>
	SECTIONS AMENDED:
	SECTIONS REPEALED:
- b. The following sections listed in 3a contain modifications to the text originally made available to the public: 50-018.71, .711 & .712
4. CERTIFICATE OF COMPLIANCE (Government Code Section 11346.1(e): The above-named agency officer certifies that this agency complied with the provisions of Government Code Sections 11346.4-11346.8. (Check one)

<input type="checkbox"/> prior to the emergency adoption
<input checked="" type="checkbox"/> within 120 days of the effective date of the emergency adoption of the above-referenced regulations.
5. Is this filing a resubmittal of a previously disapproved or withdrawn regulation?

<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, give date(s) of prior submittal(s) to OAL: _____

6. Is the filing submitted to carry out amendments or repeals identified in the statement of review completion submitted as a result of the agency's review of regulations administered by it as of June 30, 1980?

<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, give date statement was submitted to OAL: _____
--
7. If these regulations required prior review and approval or concurrence by any of the following agencies, check appropriate box(es)

<input type="checkbox"/> Fair Political Practices Commission (Include FPPC approval stamp)	<input type="checkbox"/> Building Standards Commission (Attach approval)
<input type="checkbox"/> State Fire Marshall (Attach approval)	<input checked="" type="checkbox"/> Department of Finance (Attach properly signed Std. 399)
<input type="checkbox"/> Other _____ (SPECIFY AGENCY)	
8. a. PUBLICATION DATE OF NOTICE IN CALIFORNIA ADMINISTRATIVE NOTICE REGISTER
September 9, 1988

b. DATE OF FINAL AGENCY ACTION <u>January 4, 1989</u>	c. DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOVT. CODE SEC. 11346.8(c)) <u>November 28, -December 15, 1988</u>
--	---
9. Effective date of regulatory changes: (See Government Code Section 11346.2 and instructions on reverse)

a. <input type="checkbox"/> Effective 30th day after filing with the Secretary of State.
b. <input checked="" type="checkbox"/> Effective upon filing with the Secretary of State.
c. <input type="checkbox"/> Effective on _____ as required or allowed by the following statute(s): _____
d. <input type="checkbox"/> Effective on _____ (Designate effective date <i>earlier than</i> 30 days after filing with the Secretary of State pursuant to Govt. Code Sect. 11346.2(d).) Attach request demonstrating good cause for early effective date. Request subject to OAL approval.
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INSTRUCTIONS FOR STD 400

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- b. Building standards as defined in Section 18909 of the Health and Safety Code (Govt. Code Sec. 11343).
- c. Conflict of Interest regulations (Title 2 California Admin. Code Section 18750(i)).
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- b. Provide the date on which the regulatory agency adopted the regulatory changes.
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- b. An emergency order, Certificates of Compliance or nonsubstantive change is effective upon filing with the Secretary of State unless a later date is specified below.
- c. If an effective date other than specified above is required or allowed by statute, provide the date and the statutory citations(s).
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- e. If an effective date later than specified above is requested, provide the date.

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- *A completed Face Sheet for filing regulations with the Office of Administrative Law, Form STD 400* attached to the front of each copy of the regulations, with at least one Face Sheet bearing an original signature.
- *Complete rulemaking file, with index and sworn statement.* (See Govt. Code Sec. 11347.3 for full list of rulemaking contents.)

CERTIFICATE OF COMPLIANCE - Section 11346.1(e), Government Code

The Department of Social Services hereby certifies that it has complied with the provisions of Section 11346.4 through 11346.8 inclusive of the Government Code, within 120 days of the effective date of the following emergency regulations which were filed with the Secretary of State on September 8, 1988, and which became effective on September 9, 1988.

Manual of Policies and Procedures, Division 50, Chapter(s) 000 Sections:

Amended

Adopted

Repealed

50-018

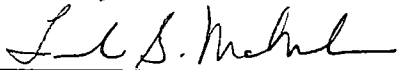
These regulations were presented at public hearing on October 26, 1988. As a result of the public hearing the following sections have been changed.

Amended

Adopted

Repealed

50-018.71, .711, and
.712



LINDA S. McMAHON
Director

1-4-89
Date

Adopt new Section 50-018 to read:

50-018 MILLER VS. WOODS

50-018

H
A
N
D
B
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K

.1 Background

- .11 On October 21, 1983, the Court of Appeal, Fourth District, 48 Ca.App.3d 862 (1983) invalidated Manual of Policies and Procedures (MPP) Section 30-463.233c (later renumbered to 30-763.233c) and ordered the State Department of Social Services (SDSS) to grant prospective and retroactive class action relief. On May 1, 1984, MPP 30-763.233c was repealed, and MPP 30-763.6 became effective. MPP 30-763.6 granted prospective relief to IHSS recipients who were in need of protective supervision and who had housemates who provided protective supervision.

On February 11, 1983, the Superior Court of San Diego County issued the Final Judgment in this lawsuit. Under the terms of the Final Judgment, SDSS must implement regulations to grant retroactive relief to IHSS recipients or applicants and their housemate providers who, since April 1, 1979 have been or were disqualified from receiving protective supervision services or compensation therefor, solely because of SDSS' enforcement of MPP 30-763.233c.

The time periods for retroactive benefits for MILLER v. WOODS are April 1, 1979 through April 30, 1984 for recipients with nonspouse providers and April 1, 1979 through July 31, 1981 for recipients with spouse providers.

Class members are also entitled to underpayments from May 1, 1984 forward for county errors in failing to correctly pay for protective supervision.

The following provisions describe the procedures by which potential class members will be notified, the claims for retroactive benefits processed, and benefits due are determined and paid.

.2 Notification of Potential Claimants

- .21 In order to notify potential claimants, the Department shall:

- 211 Send Explanatory Flyer and Standard Claim Forms, in English and Spanish, to all past and present IHSS recipients and providers contained on the IHSS Payroll System, from January 1, 1980 to the most recent period, who at any time during this period lived at the same address. The Department will utilize the services of the Franchise Tax Board to determine and mail to the most current mailing address available for recipients and providers identified in this manner.
- 212 Send Explanatory Flyer to all California Medical Assistance Program (Medi-Cal) recipients currently residing in long-term care facilities licensed by the Department of Health Services (DHS). These notices will be sent to the Medi-Cal recipients through the regular Medi-Cal mailing.
- 213 Send to each Community Care Licensed Residential Facility for Adults a packet containing sufficient copies for each resident of the Explanatory Flyer 2 for both court cases. Facility operators will be requested to distribute the flyer to each resident.
- 214 Provide each county welfare department with sufficient quantities of Standard Claim Forms, Supplemental Claim Forms, Explanatory Flyers, and 17" x 22" posters modeled after the Explanatory Flyers. Each of the above documents and posters will be in both English and Spanish.
- 215 Provide those interested organizations and groups listed in Appendix A-1 through A-9 of the final judgment referred to in Section 50-018.11 with copies of the Standard Claim Forms, the Explanatory Flyers, and the posters, with a request to display the posters in a prominent location and to distribute the Explanatory Flyers and Standard Claim Forms on request throughout the claim period.
- 216 Provide the Federal Social Security Administration offices in California with copies of the posters, in English and Spanish, and request the agency to display the posters throughout the claim period in prominent locations where there is public access.

- 22 All the materials identified in this section shall be distributed prior to the effective date of these regulations.
- 23 The claim period identified in this section shall be the six-month period beginning with the effective date of these regulations.
- 24 In order to notify potential claimants, the county welfare departments (CWDs) shall:
 - 241 Place the posters described above in a prominent location in each local office having contact with the public throughout the claim period.
 - 242 Provide the appropriate notification letter and Standard Claim Form to any person inquiring about eligibility for retroactive benefits for MILLER v. WOODS.

•3 Application for Retroactive Benefits

•31 Claimant Responsibilities

- 311 All claims for retroactive payment shall be filed on a MILLER v. WOODS claim form with the county welfare department in which the claimant currently resides.
- 312 The claimant shall complete the claim form, sign the form under penalty of perjury, obtain the signature of a witness under penalty of perjury and forward the claim to the CWD where she/he lives.
- 313 The claim form shall be completed in its entirety and submitted to the CWD by March 9, 1989. Claims submitted after this date shall be denied.
- 314 If the claimant is sent a Notice of Action requesting the completion of either the Standard Claim Form or the Supplemental Claim Form, the claimant shall have thirty (30) days from the date of the Notice of Action to complete and submit the required information to the CWD.
 - (a) If the required information on the Standard Claim Form is not submitted to the CWD within the 30 days, the claim shall be denied.

- 315 The claimant shall cooperate in obtaining all information necessary to process the claim. Failure to provide the needed information shall result in the denial of that portion of the claim for which the information is necessary.

•32 County Welfare Department Responsibilities — Filing Date

- (a) The CWD shall date stamp the claim form when received. The CWD shall retain all claim forms and envelopes of any claims received for the MILLER v. WOODS lawsuit.
- (b) The date of filing shall be the date postmarked on the envelope.
- (c) If the claim is filed in person at the CWD, the date of filing shall be the date received in the CWD office, e.g., the date stamped on the claim.
- (d) If the filing date cannot be determined as detailed above, the filing date shall be the date the claim was signed.
- (e) If the claim must be forwarded to another county for processing because the services were either provided or received in the second county, the filing date shall be that determined by the forwarding county.
- (f) If the date of filing on the Standard Claim Form is after March 9, 1989, the claim shall be denied.
- (g) If a Supplemental Claim Form, as described in Section 50-018.441, must be sent to the claimant, the filing date shall be determined in accordance with Sections 50-018.32(a), (b), (c) and (d).
- (h) If the CWD receiving the claim determines that services were received or provided while the recipient/applicant lived in another county, for all or part of the claim period, the CWD shall:
 - (1) Send a copy of the claim to each affected county. The CWD shall also send a Notice of Action to the claimant within 10 calendar days of the filing date explaining that the correct CWD will process the claim for the period of time in which the services were provided in the other county.

- (A) As noted in Section 50-018.32(e) the filing date for the claim will be that determined by the original receiving CWD.
- (2) If the correct county cannot be determined from the information provided by the claimant on the Standard Claim Form or from other information available to the county, the CWD shall return the claim form to the claimant together with a notice of action explaining that additional information is needed regarding the county in which protective supervision services were rendered. The CWD shall retain a copy of the claim form in the case file.
- (i) The CWD shall determine eligibility/ineligibility and compute the retroactive benefits due within 45 days of the filing date. The CWD shall input this information into the Case Management Information and Payrolling System (CMIPS) so that interest can be computed and the computation returned to the CWD.
- (1) The CMIPS shall compute the total net amount due, with an without interest and return the computation on a form developed by SDSS to the appropriate CWD within two - five working days.
- (j) Within 10 working days of receiving the computation from CMIPS, the CWD shall issue a Notice of Action to the claimant which contains the information specified in Section 50-018.631, and, if applicable, Sections 50-018.634 and .635. Once the CWD has issued the notice to the claimant, the CWD shall then send the necessary documents through CMIPS so that payment may be issued.
- (k) The 45-and 60-day limits specified in Sections 50-018.32(i) and (j) may be exceeded in situations where completion of the determination of eligibility is delayed because of circumstances beyond the control of the CWD. In these instances, the reason(s) for the delay(s) shall be documented in the case file.

- (l) CWDs receiving claims forwarded from another county shall process the claim, determine eligibility, compute net retroactive benefits, compute interest, issue the necessary Notice of Action and forward the necessary documents to the CMIPS within 45 days of receipt from the original county.
- (m) If the CWD determines it necessary to either return the Standard Claim Form for additional information, signature, or completion or to send the Supplemental Claim Form to the claimant, the receipt of this additional information from the claimant will constitute the start of a new processing period tied to a new filing date.

.33 Retroactive Time Periods

- .331 Eligibility for retroactive benefits shall be limited to the following periods:
 - (a) April 1, 1979 through April 30, 1984 for claims in which the housemate was a nonspouse provider; and,
 - (b) April 1, 1979 through July 31, 1981 for claims in which the housemate was a spouse provider.
- .332 Claims in which the month(s) claimed is beyond the appropriate time period specified in Section 50-018.331(a) shall be processed as underpayments, in accordance with MPP Section 30-768.4.

.4 Claim Processing

.41 Conditions for Class Membership

- .411 IHSS recipient/applicant claimants potentially eligible to receive retroactive benefits are persons who:
 - (a) Were aged, blind, or disabled during the applicable retroactive period specified in Section 50-018.33 and met the eligibility conditions of MPP 30-755; and,
 - (b) Were mentally ill, mentally impaired, or mentally confused and may have been hurt or injured if left alone, thus meeting the

general conditions for requiring the service of protective supervision; and,

- (c) Received IHSS benefits, but were denied protective supervision services during the applicable retroactive period and the amount of benefits was less than the severely impaired or nonseverely impaired maximum, as applicable at the time; or,
- (d) Applied for IHSS services during the applicable retroactive period and was denied protective supervision solely because the provider was a housemate or a spouse; and,
- (e) Paid the spouse/housemate provider during the applicable retroactive period for the service of protective supervision.

•412 The spouse/housemate provider claimants who are potentially eligible to receive retroactive benefits are persons who:

- (a) Lived with an individual meeting the conditions of Section 50-018.41 and provided protective supervision to that individual during the applicable retroactive period specified in Section 50-018.33; and,
- (b) Were not compensated for providing protective supervision services for the month(s) claimed.

•42 Review of Class Membership Questions

•421 Upon receipt of the Standard Claim Form(s), the CWD shall review the responses to the class membership qualifying questions (Section 2 of the Standard Claim Form).

- (a) If the claimant answered "no" to questions 2A, 2B, or 2C, the CWD shall issue a Notice of Action denying the claim. The notice shall explain that the claimant is not a MILLER v. WOODS class member.
 - (1) If the claimant answered "yes" to 2A, 2B, and 2C, but answered "no" to both

questions in 2D, that is, the person who the claimant states received protective supervision neither received nor was denied IHSS benefits, the CWD shall deny the claim and issue a Notice of Action. The notice shall explain that the claimant is not a MILLER v. WOODS class member.

(2) If the claimant answered "unknown" to either question in 2D, the CWD shall issue a Notice of Action and a MILLER v. WOODS Supplemental Claim Form to the claimant to determine whether or not the person who received protective supervision would have been financially eligible for IHSS. The claimant shall have 30 days from the date the CWD mailed the Supplemental Claim Form to complete the form and return it to the CWD.

(b) If the claimant fails to provide a response to any of the qualifying questions in Section 2 of the Standard Claim Form the CWD shall return a copy of the claim form to the claimant, with a Notice of Action requesting the claimant to complete the form and return it to the CWD within 30 days. If the claimant does not respond within 30 days, the claim shall be denied.

•43 Review of Information Contained on the Standard Claim Forms(s)

•431 The CWD shall review each Standard Claim Form submitted to determine if the claimant has provided the information necessary to further process the claim. For the purposes of this determination, a claim shall be considered complete when all the following requirements are met:

(a) The following information requested in Section 1 is provided: name, social security number, current address, and zip code.

- (b) All qualifying questions in Section 2 are answered.
- (c) If Section 3 is applicable, the address and zip code.
- (d) The following information requested in Section 4 is provided: name of person who received protective supervision; his/her social security number; his/her current address, including zip code; and his/her relationship to the provider.
- (e) The information requested in Section 5 is provided, as applicable, including: a "check mark" for each month the claimant is claiming uncompensated services were provided and hours of uncompensated services provided for each month.
- (f) In Section 6, the Standard Claim Form is signed by the claimant and dated.
- (g) In Section 7, the Standard Claim Form is signed by a person who can verify the claim, is dated, and the verifying person's relationship to the claimant is identified and this person's address is listed.

•432 If the CWD determines the Standard Claim Form has not been completely filled out, or if the claimant and a witness have not signed and dated the form, the CWD shall deny the claim for insufficient information. The CWD shall send the claimant a Notice of Action denying the claim and specifying that portion of the form which is in need of completion. The Notice of Action shall also state that the claimant has 30 days to submit the completed form/needed information to the CWD. If the completed form is not returned to the CWD within the 30 days, the denial shall stand.

•433 Upon receipt of the information requested in Section 50-018.432, the CWD shall review the resubmitted information to determine if the claim is now complete in accordance with the criteria in Section 50-018.431. If complete, the CWD shall continue with processing the claim.

(a) If the claim is still not complete, the CWD shall deny the claim for the period in question.

.434 Failure on the part of the claimant to respond within the 30-day period shall result in the denial of that portion of the period claimed for which the information/clarification was requested. For any remaining portion of the period claimed, the CWD shall proceed with processing the claim(s).

.44 Supplemental Claim Form(s)

.441 The CWD shall issue a Supplemental Claim Form to the claimant whenever the CWD is unable to locate either a previously approved IHSS case record or a record of denial. The purpose of the Supplemental Claim Form shall be to determine whether or not the person who received protective supervision services met or would have met the income/resource eligibility requirements for IHSS services during the period claimed. The CWD shall include a Notice of Action with the Supplemental Claim Form stating that the completion of the form is necessary in order to further determine eligibility for retroactive benefits and that the claimant must return the completed form to the CWD within 30 days.

.442 The CWD shall date stamp the receipt of the submitted Supplemental Claim Form following the provisions of Section 50-018.32(a). The receipt of the Supplemental Claim Form shall then constitute the need for a new filing date, to be determined in accordance with Section 50-018.32(g).

.443 The CWD shall review the submitted Supplemental Claim Form to ensure that all questions are answered, all required information is provided, and that the form is signed and dated by both the claimant and by a verifying witness.

.444 If the CWD determines that claim is incomplete based on the criteria in Section 50-018.443, the CWD shall send a Notice of Action requesting the missing information and attach to the notice the original Supplemental Claim Form submitted. The Notice of Action shall specify the section number

of the form which is in need of completion and shall state that the claimant has 30 days from the date of the notice to submit the completed form or the claim will be denied for the benefit period in question because of insufficient information.

(a) Upon receipt of the information requested in Section 50-018.444, the CWD shall review the submitted information to determine whether the claim is now complete in accordance with Section 50-018.443. If complete, the CWD shall continue with processing the claim. If the Supplemental Claim Form is still not complete, the CWD shall deny the claim for the period in question.

.445 If the completed Supplemental Claim Form is not received from the claimant within the 30-day limit, the CWD shall deny the claim for the period in question.

.446 Information submitted by the claimant on the Supplemental Claim Form shall be presumed to be true as long as the form has been signed and dated by both the claimant and a witness, unless the CWD has information available which contradicts information supplied by the claimant. If the CWD has such information available and the CWD determines that information indicates that the person who received protective supervision services would not have been financially eligible for IHSS, the CWD shall deny the claim for the period in question and shall specify on the Notice of Action that information which the CWD has in its possession which refutes the claimant's statement(s).

.45 Existing Case File and Information Requirement

.451 The CWD shall determine if there is an existing case file with which to match claim information for determining eligibility. The CWD shall not require the claimant to provide information other than that requested on the Standard Claim Form and, as appropriate, the Supplemental Claim Form.

.452 If the CWD cannot locate a case file for the IHSS recipient/applicant for whom it is claimed protective supervision services were provided

without IHSS compensation, or if the CWD cannot determine eligibility from the existing case file for the months claimed, the CWD shall send to the claimant Supplemental Claim Form for the MILLER v. WOODS court case in accordance with Section 50-318.44.

•453 All information received and/or obtained in relation to the MILLER v. WOODS court case, and all forms generated as a result of the court case, shall be retained by the CWD in a case file. These documents shall include but not be limited to:

- (a) completed Standard Claim Forms and any subsequent resubmittals;
- (b) completed Supplemental Claim Forms, if applicable, and any subsequent resubmittals;
- (c) completed Eligibility Determination Worksheets, including documentation of retroactive benefit and prejudgment interest calculations;
- (d) a copy of any Notices of Action sent the claimant;
- (e) a copy of any correspondence with other CWDs in relation to the claim;
- (f) all CMIPS documents; and,
- (g) a copy of any other documents available to the county and used in the determination of eligibility and computation of benefits.

•46 Presumptive Need for and Provision of Protective Supervision

•461 An eligible IHSS recipient/applicant is presumed to have needed protective supervision for the months claimed during the applicable retroactive period if:

- (a) A need for protective supervision was assessed at any time; and/or

(b) A recipient's or applicant's need for protective supervision is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness. The CWD shall consider any other documentation submitted by the claimant to support the presumption of need for protective supervision; and,

(c) Other information available to the CWD, including previous or current IHSS casefiles, does not rebut the presumption of need for protective supervision.

.462 An eligible IHSS recipient/applicant is presumed to have received protective supervision services for the months claimed during the applicable retroactive period if the delivery of such services is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness, and other information available to the CWD, including previous or current IHSS casefiles, does not rebut the presumption of delivery of protective supervision services.

(a) The CWD shall presume that any protective supervision services provided and claimed were not provided voluntarily.

.463 If information available to the CWD rebuts the presumption of either the need for or the delivery of protective supervision services during any of the months claimed during the applicable retroactive period, the claim shall be denied for the month(s) in question.

.5 Use of County Worksheet to Calculate Benefits Due and Document Findings

.51 The CWD shall use the MILLER v. WOODS Eligibility Determination Worksheet to document all determinations made on each claim submitted. Such documentation shall include, but not be limited to, any partial or total denials of claims and the reason for such denials.

.52 On Part 1 of the worksheet, the CWD shall complete Sections 1 through 3 for all claims submitted; Sections 4 through 10 shall be completed when the person who received protective supervision was authorized IHSS during the month(s) claimed; and, the CWD shall complete

Sections 11 through 13 when the person who received protective supervision was denied IHSS during the month(s) claimed.

- .53 In determining eligibility for those claims in which the CWD has verified by the case record that the person who received protective supervision services was an IHSS recipient, or was authorized IHSS during the month(s) claimed, the CWD shall do the following:

- .531 Determine whether or not the case record indicates that protective supervision services were denied during the month(s) claimed for a reason other than because a spouse/housemate was providing the service.

(a) If, for any month(s) claimed, the case record indicates that the denial was based on a reason other than the provision of protective supervision by the spouse/housemate, the CWD shall deny those claimed months in which the provision of protective supervision by the spouse/housemate was not the sole reason for denial. The CWD shall then proceed to process the claim for any remaining month(s) of eligibility.

- .532 Determine whether or not any information exists outside the case record which indicates that protective supervision services were denied during the month(s) claimed for any reason other than the provision of protective supervision by the spouse/housemate. Information outside the case record shall consist of, but not be limited to, the CWD's knowledge of the IHSS recipient's placement in a state hospital or other type of out-of-home care during the month(s) claimed.

(a) If, for any month(s) claimed, information exists outside the case record, as described in Section 50-018.532, the CWD shall deny the claim for those months. The CWD shall document the reason for the denial and proceed to process the claim for any remaining month(s) of eligibility.

- .533 Determine from the case record whether or not the IHSS recipient was receiving the statutory maximum

payment, as described in Section 50-018.59, during any eligible month(s) claimed.

- (a) For any eligible month(s) claimed in which the IHSS recipient was receiving the statutory maximum payment, the CWD shall deny the claim for those months. The reason for the denial shall be documented on the worksheet. The CWD shall then proceed to Section 50-018.55 and determine if there are any remaining month(s) in which the case was not at the statutory maximum.

.54 In determining eligibility for those claims in which the person claimed to have received protective supervision was denied IHSS during the month(s) claimed, the CWD shall locate the record of denial and follow the procedures in Sections 50-018.531, .532, and .533. The CWD shall then proceed to Section 50-018.57 for the actual calculation of net benefits on non-IHSS cases.

.541 If the CWD is unable to determine from the record the reason for denial of IHSS during either the entire or partial period claimed, the CWD shall issue a Notice of Action and a Supplemental Claim Form to the claimant to establish whether or not the person claimed to have received protective supervision would have met the income/resource eligibility requirements for IHSS. The claimant shall have 30 days to complete the Supplemental Claim Form and return it to the CWD, or the claim shall be denied.

.542 Upon the CWD's receipt of the completed Supplemental Claim Form, the CWD shall proceed to Section 50-018.57 if:

- (a) The claimant's responses on the form indicate that the IHSS income/resource eligibility requirements would have been met during the period claimed; or,
- (b) The claimant's responses on the form indicate that the IHSS income/resource eligibility requirements would not have been met during the period claimed. In which case, the CWD shall deny the claim for that period(s) of ineligibility and document the reason for denial then proceed

to Section 50-018.57 for any remaining period(s) of eligibility.

- .543 If the claimant fails to return the completed Supplemental Claim Form to the CWD within 30 days the CWD shall deny those months in which the IHSS eligibility could not be established. If there are any remaining months of eligibility, the CWD shall proceed to Section 50-018.57 and continue processing the claim.
- .55 Calculating the Actual Net Retroactive Benefits - IHSS Cases
- .551 For each claim in which IHSS eligibility during the applicable retroactive period has been established by the findings in the case record, the CWD shall use Part II of the worksheet to calculate the benefits due for each month as follows:
- (a) The month and year claimed;
 - (b) A determination of whether the claimant is "class eligible", as provided in either Section 50-018.411 or .421, for that month;
 - (c) The number of hours claimed;
 - (d) The dollar amount claimed, which shall be determined by multiplying the number of hours claimed by the CWD's lowest individual provider hourly wage rate during the period claimed;
 - (e) The amount of payment the IHSS recipient was originally authorized during the applicable retroactive period;
 - (f) The applicable statutory maximum as defined in Section 50-018.59;
 - (1) If the case record indicates that the IHSS recipient was severely impaired, the CWD shall compute benefits using the applicable severely impaired maximums. If the case record indicates that the IHSS recipient was nonseverely impaired, the CWD shall calculate benefits using the

applicable nonseverely impaired
maximums.

- (g) The applicable statutory maximum, as defined in Section 50-018.59 minus the amount originally authorized, as defined in Section 50-018.551(e); and.
- (h) Total benefits due.
 - (1) For those claims in which it has been established by the case record that the person who is claimed to have received protective supervision services was an IHSS recipient, the total benefits due shall be the lesser of either of the following:
 - (A) The difference between the applicable statutory maximum, as defined in Section 50-018.59 and the amount originally authorized, as defined in Section 50-018.551(e) or,
 - (B) The amount claimed, as defined in Section 50-018.551(d).

•56 Examples

•561 Example A:

- (a) The spouse of a severely impaired IHSS recipient claims that he/she provided 100 hours per month of protective supervision for the period April 1979 - May 1980.
- (b) The claimant is determined to be class eligible for each month claimed.
- (c) During the period April 1979 - June 1979, the CWD's lowest hourly individual provider wage rate was \$2.25; for the period July 1979 - May 1980, the rate was \$2.35.
- (d) During the period April 1979 - June 1979, the severely impaired statutory maximum was \$621. For the period July 1979 - May 1980, the severely impaired maximum was \$664.

- (e) The IHSS recipient was authorized to receive \$621 for the period April 1979 - December 1979 and \$500 was authorized for the period January 1980 - May 1980.

The benefits due would be calculated as follows:

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERV.

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:					SOCIAL SECURITY #				
RECIPIENT'S NAME:					CASE NUMBER:				
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8	
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x IP Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI	SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Either Column 4 or Column 7 whichever is less)
4/79	Y	100	\$ 225	\$ 621	\$ 621		X	\$ 0	\$ 0
5/79	Y	100	225	621	621		X	0	0
6/79	Y	100	225	621	621		X	0	0
7/79	Y	100	235	621	664		X	43	43
8/79	Y	100	235	621	664		X	43	43
9/79	Y	100	235	621	664		X	43	43
10/79	Y	100	235	621	664		X	43	43
11/79	Y	100	235	621	664		X	43	43
12/79	Y	100	235	621	664		X	43	43
1/80	Y	100	235	500	664		X	164	164
2/80	Y	100	235	500	664		X	164	164
3/80	Y	100	235	500	664		X	164	164
4/80	Y	100	235	500	664		X	164	164
5/80	Y	100	235	500	664		X	164	164
								Total Due:	\$1,078.00

•562 Example B:

- (a) A housemate of a nonseverely impaired IHSS recipient files a claim stating that he/she provided 140 hours per month of protective supervision for the period April 1979 - June 1979.
- (b) Claimant is found class eligible for each month claimed. During the claimed period, the CWD's lowest hourly individual provider wage rate was \$2.25 and the nonseverely impaired statutory maximum was \$431.

- (c) During the entire period claimed, the IHSS recipient was authorized to receive \$400 per month.
- (d) The benefits due would be calculated as follows:

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICE

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:						SOCIAL SECURITY #		
RECIPIENT'S NAME:						CASE NUMBER:		
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x IP Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Either Column 4 or Column 7 whichever is less)
4/79	Y	140	\$ 315	\$ 400	\$ 431	X	\$ 31	\$ 31
5/79	Y	140	315	400	431	X	31	31
6/79	Y	140	315	400	431	X	31	31
							Total Due:	\$ 93

•553 Example C

- (a) The housemate of a nonseverely impaired (NSI) IHSS recipient files a claim stating that he/she provided 275 hours per month of protective supervision for the period April 1979 - April 1980.
- (b) The claimant is found to be class eligible for each month claimed.
- (c) For the period April 1979 - June 1979, the CWD's lowest hourly individual provider wage rate was \$2.25. For the period July 1979 - April 1980, the lowest hourly individual provider rate was \$2.35. During the period April 1979 - June 1979, the nonseverely impaired statutory maximum was \$431. For the period July 1979 - April 1980, the nonseverely impaired statutory maximum was \$460.

- (d) The IHSS recipient was authorized to receive \$431 for the period April 1979 - June 1979 and he/she was authorized \$460 for the period July 1979 - April 1980. The benefits due would be calculated as follows:

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:						SOCIAL SECURITY #			
RECIPIENT'S NAME:						CASE NUMBER:			
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8	
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x IP Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI	SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Either Column 4 or Column 7 whichever is less)
4/79	Y	275	\$ 618.75	\$ 431	\$ 431	X		\$ 0	\$ 0
5/79	Y	275	618.75	431	431	X		0	0
6/79	Y	275	618.75	431	431	X		0	0
7/79	Y	275	646.25	460	460	X		0	0
8/79	Y	275	646.25	460	460	X		0	0
9/79	Y	275	646.25	460	460	X		0	0
10/79	Y	275	646.25	460	460	X		0	0
11/79	Y	275	646.25	460	460	X		0	0
12/79	Y	275	646.25	460	460	X		0	0
1/80	Y	275	646.25	460	460	X		0	0
2/80	Y	275	646.25	460	460	X		0	0
3/80	Y	275	646.25	460	460	X		0	0
4/80	Y	275	646.25	460	460	X		0	0
								Total Due:	\$ 0

.554 Example D

- (a) The housemate of a severely impaired IHSS recipient claims that he/she provided 160 hours per month of protective supervision services during the period July 1979 - March 1980.
- (b) The case record indicates that from January 1980 - March 1980, the IHSS recipient was placed in a state hospital; therefore, the claimant is found to be class eligible only for the period July 1979 - December 1979.

- (c) From July 1979 - December 1979, the CWD's lowest hourly individual provider wage rate was \$2.45.
- (d) The severely impaired statutory maximum from July 1979 - December 1979 was \$664. The IHSS recipient was authorized to receive \$600 during the period July 1979 - October 1979 and \$625 from November 1979 - December 1979.
- (e) The benefits due would be calculated as follows:

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERV.

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:						SOCIAL SECURITY #			
RECIPIENT'S NAME:						CASE NUMBER:			
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8	
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x IP Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI	SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Either Column 4 or Column 7 whichever is less)
7/79	Y	160	\$ 392	\$ 600	\$ 664		X	\$ 64	\$ 64
8/79	Y	160	392	600	664			64	64
9/79	Y	160	392	600	664			64	64
10/79	Y	160	392	600	664			64	64
11/79	Y	160	392	625	664			39	39
12/79	Y	160	392	625	664			39	39
1/80	N	160	NA	0	NA			0	0
2/80	N	160	NA	0	NA			0	0
3/80	N	160	NA	0	NA			0	0
								Total Due:	\$334.00

.57 Calculating the Actual Net Retroactive Benefits-Denied/No Record Cases.

- .571 For each claim in which the CWD has either located a record of IHSS denial or the CWD has been unable to locate a case record and eligibility for IHSS has been established by the responses on the Supplemental Claim Form, the CWD shall use Part II of the worksheet to calculate and document the benefits due as follows for each month claimed:

- (a) The month and year claimed;
- (b) Whether or not the claimant is class eligible, as defined in either Section 50-018.411 or .421;
- (c) The number of hours claimed;
- (d) The dollar amount claimed, as defined in Section 50-018.551(d);
- (e) The applicable nonseverely impaired statutory maximum, as defined in Section 50-018.59.
 - (1) The CWD shall use the applicable nonseverely impaired statutory maximum to calculate benefits for all eligible cases in which the CWD has neither a record of denial or the case record could not be located and eligibility has been the case record could not be located and eligibility has been established through the Supplemental Claim Form.
- (f) The total benefits due, which shall be the amount claimed, as defined in Section 50-018.551(d), as long as the amount claimed for any month does not exceed the applicable nonseverely impaired statutory maximum during the month claimed.
 - (1) If the amount claimed for any month does exceed the applicable nonseverely impaired statutory maximum for that month, the total benefits due shall be limited to the applicable nonseverely impaired statutory maximum amount during the month claimed.

.58 Examples

.581 Example A

- (a) A housemate of a nonseverely impaired individual who was denied IHSS files a claim stating that he/she provided 200 hours per month of protective supervision

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during the period June 1979 - December 1980. The claimant is found to be class eligible for the entire period claimed.

(b) The CWD's lowest hourly individual provider rate for the months June 1979 - November 1979 was \$2.25; for the period December 1979 - December 1980, the lowest hourly rate was \$2.50.

(c) For the month of June 1979; the nonseverely impaired statutory maximum was \$431; for July 1979 - June 1980, it was \$450; \$532 was the maximum for the period July 1980 - December 1980.

(d) The total benefits due would be calculated as follows:

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:						SOCIAL SECURITY #		
RECIPIENT'S NAME:						CASE NUMBER:		
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x \$9 Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Either Column 4 or Column 7 whichever is less)
6/79	Y	200	\$ 400	\$ 0	\$ 431	X	\$ 431	\$ 400
7/79	Y	200	400	0	460		460	400
8/79	Y	200	400	0	460		460	400
9/79	Y	200	400	0	460		460	400
10/79	Y	200	400	0	460		460	400
11/79	Y	200	400	0	460		460	460
12/79	Y	200	500	0	460		460	460
1/80	Y	200	500	0	460		460	460
2/80	Y	200	500	0	460		460	460
3/80	Y	200	500	0	460		460	460
4/80	Y	200	500	0	460		460	460
5/80	Y	200	500	0	460		460	460
6/80	Y	200	500	0	460		460	460
7/80	Y	200	500	0	532		532	500
8/80	Y	200	500	0	532		532	500
9/80	Y	200	500	0	532		532	500
10/80	Y	200	500	0	532		532	500
11/80	Y	200	500	0	532		532	500
12/80	Y	200	500	0	532		532	500
							Total Due:	\$8,620

.582 Example B

- (a) The spouse of a nonseverely impaired individual, who is claimed to have applied for IHSS and been denied, files a claim stating that he/she provided 20 hours per month of protective supervision for the period June 1979 - August 1980.
- (b) A record of denial could not be located; therefore, IHSS eligibility was based on the responses to the Supplemental Claim Form. The responses indicate, however, that the IHSS applicant would have met the

income/resource eligibility requirements for IHSS only during the period December 1979 - August 1980. The claimant is therefore found to be class eligible for the months December 1979 - August 1980 only.

- (c) For the month of December 1979, the CWD's lowest hourly individual provider wage rate was \$2.35; for the months January 1980 - August 1980, the lowest hourly rate was \$2.40.
- (d) For the period December 1979 - June 1980, the nonseverely impaired statutory maximum was \$460; for the period July 1980 - August 1980 it was \$532.
- (e) The total benefits due would be calculated as follows:

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICE

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART II

PROVIDER'S NAME:							SOCIAL SECURITY #	
RECIPIENT'S NAME:							CASE NUMBER:	
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6		COLUMN 7	COLUMN 8
Month/Year Claimed	Class Eligible? Yes/No	Hours Claimed	Amount Claimed (Hours claimed x IP Rate During Month Claimed)	Amount Originally Authorized	Stat. Max. During Month Claimed	NSI SI	Stat. Maximum Minus Amount Originally Authorized	Amount Due (Enter Column 4 or Column 7 whichever is less)
6/79	N	20	NA	\$ 0	NA	X	NA	\$ 0
7/79	N	20	NA	0	NA		NA	0
8/79	N	20	NA	0	NA		NA	0
9/79	N	20	NA	0	NA		NA	0
10/79	N	20	NA	0	NA		NA	0
11/79	N	20	NA	0	NA		NA	0
12/79	Y	20	\$ 47	0	\$ 460		\$ 460	47
1/80	Y	20	48	0	460		460	48
2/80	Y	20	48	0	460		460	48
3/80	Y	20	48	0	460		460	48
4/80	Y	20	48	0	460		460	48
5/80	Y	20	48	0	460		460	48
6/80	Y	20	48	0	532		532	48
7/80	Y	20	48	0	532		532	48
8/80	Y	20	48	0	532		532	48
							Total Due:	\$431

.59 IHSS STATUTORY MAXIMUMS DURING RETROACTIVE PERIOD

EFFECTIVE DATE		NSI	SI
7/1/78	6/30/79	\$431	\$521
7/1/79	6/30/80	\$460	\$664
7/1/80	6/30/81	\$532	\$767
7/1/81	6/30/82	\$581	\$838
7/1/82	6/30/83	\$581	\$838
7/1/83	6/30/84	\$604	\$872

.6 General Provision

.61 Share of Cost

- .611 The CWD shall not consider any recipient share of cost when computing the amount of retroactive benefits due.

.62 Prejudgment Interest

- .621 Prejudgment interest shall be calculated at the following rates:

(a) Seven percent for the period April 1, 1979 through December 31, 1982; and,

(b) Ten percent for the period January 1, 1983 through April 30, 1984.

- .622 The interest shall be computed on the amount of the monthly benefit up through the last day of the month following the month in which payment is authorized.

.63 Notice of Action

- .631 For each claim received, the CWD shall issue a Notice of Action within 60 days of the date of filing. The date of filing shall be determined as specified in Section 50-018.32. The Notice of Action shall contain the following information:

(a) The month(s) determined eligible and/or ineligible for retroactive benefits. The reason(s) for any months determined ineligible shall be clearly stated;

- (b) The amount of benefits due for each month, which shall be shown with and without interest;
 - (c) The amount of benefits and interest due for each year, if benefits are claimed for more than one year;
 - (d) The total benefits due and the total amount of interest due;
 - (e) The combined amount due;
 - (f) A statement regarding withholding taxes; and,
 - (g) A statement regarding the claimant's right to a State Hearing on MILLER v. WOODS determinations made by the CWD and information on how to request such hearings.
- 632 Each Notice of Action issued due to the claimant's failure to complete either the Standard Claim Form or Supplemental Claim Form in its entirety shall specify those sections of the form in need of completion.
 - 633 Each Notice of Action issued due to the CWD having adverse contradictory information in its possession shall describe that information which the CWD has and shall advise the claimant that he/she has 30 days in which to refute the information or the claim shall be denied.
 - 634 For each claim denied, the Notice of Action shall clearly state the reason(s) for each period claimed and denied.
 - 635 For each approved claim in which the claimant is currently an IHSS recipient, the Notice of Action shall advise the claimant that the payment received as a result of his/her MILLER v. WOODS claim may adversely affect his/her IHSS, SSI eligibility or other aid program eligibility and that for further information the claimant should contact his/her CWD worker.

•64 State Hearings

- .641 The right to request a state hearing on any MILLER v. WOODS claims shall be granted only to MILLER v. WOODS claimants or their authorized representatives.

.65 Treatment of Lump Sum Payments

- .651 It shall be the responsibility of the CWD to determine how the lump sum MILLER v. WOODS retroactive payment affects or does not affect the continued eligibility of all MILLER v. WOODS claimants who are currently IHSS recipients.

- .652 MILLER v. WOODS payments shall be disregarded for IHSS financial eligibility determinations for the month of receipt and the following month. Any remaining balance from the MILLER v. WOODS payment shall be counted as a resource in the second month following the month of receipt.

.7 Monitoring CWD Compliance

~~.71~~ County Statistical Reports

- ~~.711~~ Beginning November 1, 1988 and continuing for one year, the CWD shall submit to SDSS quarterly statistical reports which shall contain the following information:

- (a) The number of claims received;
- (b) The number of claims denied;
- (c) The number of claims approved;
- (d) The number of claims pending; and
- (e) The amount of benefits approved.

- ~~.712~~ The CWD shall submit the reports to SDSS on the MILLER v. WOODS statistical report form developed by SDSS. These reports shall be sent to the attention of the Adult Services Bureau.

.71 County Statistical Reports

- .711 Beginning November 1, 1988 and continuing for one year, the SDSS shall compile quarterly statistical reports which shall contain the following information:

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- (a) The number of claims received;
- (b) The number of claims denied;
- (c) The number of claims approved;
- (d) The number of claims pending; and,
- (e) The amount of benefits approved.

.72 Final Report

.721 SDSS shall obtain from the CMIPS a final report, by county, that includes the following:

- (a) The number of claimants paid;
- (b) The total amount of benefits paid;
- (c) The number of underpayments paid; and,
- (d) The total amount of underpayments paid.

.73 Case Reviews

.731 Based on the quarterly reports required under Section 50-018.71, SDSS shall determine the fifteen (15) counties having the largest number of claims over the six-month period.

- (a) For those counties described in Section 50-018.731, SDSS shall review a random sample of the claims to determine whether or not they were granted or denied in accordance with the MILLER v. WOODS retroactive regulations contained herein.

.74 County Cooperation

.741 Each CWD shall cooperate with SDSS in providing information deemed necessary to monitor county compliance with the provisions of these regulations and the MILLER v. WOODS final judgment.

.8 Appendix - Forms

MILLER V. WOODS
STANDARD CLAIM FORM

INSTRUCTIONS: Please print. Fill in as much information as you can. If you need help, call, or go into your county welfare department. Sign your name in Section 6 and have someone who knows that you provided the services sign in Section 7.

REMEMBER: You must get this claim form to the county welfare department by March 9, 1989 to get any money.

YOUR NAME		SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()
1. CURRENT ADDRESS: (NUMBER, STREET)		APARTMENT/SPACE NUMBER	
CITY	COUNTY	STATE	ZIP CODE
2.		YES	NO
A. Did you live with a mentally ill, mentally impaired or confused person who would get hurt or injured if left alone?		<input type="checkbox"/>	<input type="checkbox"/>
B. Did you stay and watch out that the person did not get hurt or injured at any time from April 1979 to May 1984?		<input type="checkbox"/>	<input type="checkbox"/>
C. Were you a relative, friend or spouse of that person?		<input type="checkbox"/>	<input type="checkbox"/>
D. Did that person apply for and receive In-Home Supportive Services (IHSS) at any time from April 1979 to May 1984?		<input type="checkbox"/>	<input type="checkbox"/>
If no, was the person denied IHSS benefits at any time from April 1979 to May 1984?		<input type="checkbox"/>	<input type="checkbox"/>
3. ADDRESS AT TIME YOU PROVIDED PROTECTIVE SUPERVISION IF DIFFERENT FROM ABOVE			
NUMBER, STREET:		APARTMENT/SPACE NUMBER	
CITY	COUNTY	STATE	ZIP CODE
4. NAME OF PERSON YOU PROVIDED PROTECTIVE SUPERVISION TO:		HIS/HER SOCIAL SECURITY NUMBER (if known)	TELEPHONE NUMBER ()
CURRENT ADDRESS: (NUMBER, STREET)		APARTMENT/SPACE NUMBER	
CITY	COUNTY	STATE	ZIP CODE
RELATIONSHIP TO YOU			
5. ON THE BACK OF THIS FORM LIST THE MONTHS AND HOURS THAT YOU PROVIDED PROTECTIVE SUPERVISION FOR WHICH YOU WERE NOT PAID.			
6. • I UNDERSTAND THAT THE INFORMATION PROVIDED ABOVE IS SUBJECT TO VERIFICATION AND THAT MY SIGNATURE ON THIS FORM IS AN AUTHORIZATION FOR SUCH INVESTIGATION.			
• I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.			
SIGNATURE OF PROVIDER:			DATE:
7. I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE PERSON NAMED IN "1" ABOVE PROVIDED PROTECTIVE SUPERVISION (AS DESCRIBED ON THIS CLAIM FORM) TO THE PERSON NAMED IN "4" ABOVE.			
SIGNATURE OF WITNESS:			DATE:
RELATIONSHIP TO PROVIDER		RELATIONSHIP TO PERSON TO WHOM PROTECTIVE SUPERVISION WAS PROVIDED	
ADDRESS: (NUMBER, STREET)		APARTMENT/SPACE NUMBER	
CITY	COUNTY	STATE	ZIP CODE

INFORMATION TO ANSWER QUESTION NUMBER 5

INSTRUCTIONS:

If you were a friend or relative, complete Column 1 and 2 for the period April 1979 through April 1984.

If you were a spouse, complete Columns 1 and 2 for the period April 1979 through July 1981 ONLY.

Fill in the information in the columns as follows:

Column 1 - Put a check (✓) in the box for each month that you watched out for that person.

Column 2 - For each month you just checked, write the number of hours during that month that you watched the person to prevent harm or injury and were not paid.

REMEMBER:

The number of hours each month is the length of time you were home and the person needing your care could be doing something that might get them hurt if left alone.

COLUMN 1		COLUMN 2	COLUMN 1		COLUMN 2
YEAR/MONTH	PROVIDED CARE	NUMBER OF HOURS EACH MONTH YOU PROVIDED PROTECTIVE SUPERVISION FOR WHICH YOU WERE NOT PAID.	YEAR/MONTH	PROVIDED PROTECTIVE SUPERVISION FOR WHICH YOU WERE NOT PAID.	
1979			1982		
APRIL			JANUARY		
MAY			FEBRUARY		
JUNE			MARCH		
JULY			APRIL		
AUGUST			MAY		
SEPTEMBER			JUNE		
OCTOBER			JULY		
NOVEMBER			AUGUST		
DECEMBER			SEPTEMBER		
1980			OCTOBER		
JANUARY			NOVEMBER		
FEBRUARY			DECEMBER		
MARCH			1983		
APRIL			JANUARY		
MAY			FEBRUARY		
JUNE			MARCH		
JULY			APRIL		
AUGUST			MAY		
SEPTEMBER			JUNE		
OCTOBER			JULY		
NOVEMBER			AUGUST		
DECEMBER			SEPTEMBER		
1981			OCTOBER		
JANUARY			NOVEMBER		
FEBRUARY			DECEMBER		
MARCH			1984		
APRIL			JANUARY		
MAY			FEBRUARY		
JUNE			MARCH		
JULY			APRIL		
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

MILLER CONTRA WOODS

FORMA UNIVERSAL PARA RECLAMOS

INSTRUCCIONES: Por favor use letra de imprenta. Dénos toda la información que nos pueda proporcionar. Si necesita asistencia, llame o vaya a su departamento de bienestar del condado. Firme en la sección 6 y pida a alguien que sepa que usted brindó los servicios que firme en la sección 7.

RECUERDE: Tiene que hacer llegar esta forma de reclamo al departamento de bienestar del condado antes del 9 de marzo de 1989 para que pueda recibir dinero.

EL NOMBRE DE USTED		NÚMERO DE SEGURO SOCIAL		NÚMERO DE TELÉFONO ()	
1. DIRECCIÓN ACTUAL: (NÚMERO, CALLE)				APARTAMENTO/NÚMERO DE ESPACIO	
CUIDAD	CONDADO	ESTADO	ZONA POSTAL		
			SI	NO	NO SÉ
2. A. ¿Vivió usted con una persona que estaba enferma mentalmente, incapacitada mentalmente o confundida que podría resultar lastimada o lesionada si la dejaban sola?			<input type="checkbox"/>	<input type="checkbox"/>	
B. ¿Permaneció usted ahí y se aseguró que esa persona no resultara lastimada o lesionada en cualquier tiempo de abril de 1979 a mayo de 1984?			<input type="checkbox"/>	<input type="checkbox"/>	
C. ¿Era usted pariente, amistad o esposa(o) de esa persona?			<input type="checkbox"/>	<input type="checkbox"/>	
D. ¿Solicitó esa persona y recibió Servicios de Casa y Cuidado Personal (IHSS) en cualquier tiempo de abril de 1979 a mayo de 1984?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si no, ¿se le negaron beneficios de IHSS a esa persona en cualquier tiempo durante el período de abril de 1979 a mayo de 1984?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DIRECCIÓN CUANDO USTED PROPORCIONÓ LA SUPERVISIÓN PROTECTORA SI ES DIFERENTE DE LA QUE MENCIONÓ ARRIBA.					
NÚMERO, CALLE:				APARTAMENTO/NÚMERO DE ESPACIO	
CUIDAD	CONDADO	ESTADO	ZONA POSTAL		
4. NOMBRE DE LA PERSONA A QUIEN USTED BRINDÓ SUPERVISIÓN PROTECTORA:		NÚMERO DE SEGURO SOCIAL DE EL/ELLA (si lo sabe)	NÚMERO DE TELÉFONO ()		
DIRECCIÓN ACTUAL: (NÚMERO, CALLE):				APARTAMENTO/NÚMERO DE ESPACIO	
CUIDAD	CONDADO	ESTADO	ZONA POSTAL		
PARENTESCO O RELACIÓN CON USTED					
5. EN EL REVERSO DE ESTA FORMA, ANOTE LOS MESES Y LAS HORAS QUE USTED BRINDÓ SUPERVISIÓN PROTECTORA LOS CUALES NO SE LE PAGARON.					
6. • ENTIENDO QUE LA INFORMACIÓN QUE SE PROPORCIONÓ EN ESTA FORMA ESTÁ SUJETA A QUE SEA VERIFICADA Y QUE MI FIRMA EN ESTA FORMA AUTORIZA DICHA INVESTIGACIÓN.					
• YO, EL SUSCRITO, DECLARO BAJO PENA DE PERJURIO QUE LAS DECLARACIONES ANTERIORES SON VERDADERAS Y CORRECTAS.					
FIRMA DEL TESTIGO:				FECHA:	
7. YO, EL SUSCRITO, DECLARO BAJO PENA DE PERJURIO QUE LA PERSONA MENCIONADA CON ANTERIORIDAD EN EL "1", PROPORCIONÓ SUPERVISIÓN PROTECTORA (DE LA MANERA EN QUE SE DESCRIBE EN ESTA FORMA DE RECLAMO) A LA PERSONA QUE SE MENCIONA EN EL "4".					
FIRMA DEL TESTIGO:				FECHA:	
PARENTESCO/RELACIÓN CON EL PROVEEDOR		PARENTESCO CON LA PERSONA A LA QUE SE LE PROPORCIONÓ SUPERVISIÓN PROTECTORA.			
DIRECCIÓN: (NÚMERO, CALLE)				APARTAMENTO/NÚMERO DE ESPACIO	
CUIDAD	CONDADO	ESTADO	ZONA POSTAL		

INFORMACIÓN PARA CONTESTAR LA PREGUNTA 5

INSTRUCCIONES:

Si usted era amistad o pariente, complete las columnas 1 y 2 para el periodo de abril de 1979 a abril de 1984.
Si usted era esposa(o), complete SOLAMENTE las columnas para el periodo de abril de 1979 a julio de 1981.

Llene la información en las columnas de la siguiente manera:

Columna 1 - Ponga una marca (✓) en el casillero en cada mes en que usted cuidó a esa persona.

Columna 2 - Para cada mes que usted marcó, escriba el número de horas durante ese mes en que usted cuidó a esa persona para evitar que resultara lastimada o lesionada y que no le pagaron.

RECUERDE:

El número de horas en cada mes es la cantidad de tiempo que usted estuvo en casa y la persona que necesitaba del cuidado de usted pudo haber estado haciendo algo que lo/la lastimaría si se le dejaba solo(a).

COLUMNA 1		COLUMNA 2		COLUMNA 1		COLUMNA 2	
AÑOS	BRINDÓ EL CUIDADO	NÚMERO DE HORAS CADA MES EN QUE USTED BRINDÓ SUPERVISIÓN PROTECTORA Y EN QUE NO LE PAGARON		AÑOS	BRINDÓ EL CUIDADO	NÚMERO DE HORAS CADA MES EN QUE USTED BRINDÓ SUPERVISIÓN PROTECTORA Y EN QUE NO LE PAGARON	
1979	ABRIL			1982	ENERO		
	MAYO				FEBRERO		
	JUNIO				MARZO		
	JULIO				ABRIL		
	AGOSTO				MAYO		
	SEPTIEMBRE				JUNIO		
	OCTUBRE				JULIO		
	NOVIEMBRE				AGOSTO		
	DICIEMBRE				SEPTIEMBRE		
1980	ENERO				OCTUBRE		
	FEBRERO				NOVIEMBRE		
	MARZO				DICIEMBRE		
	ABRIL			1983	ENERO		
	MAYO				FEBRERO		
	JUNIO				MARZO		
	JULIO				ABRIL		
	AGOSTO				MAYO		
	SEPTIEMBRE				JUNIO		
	OCTUBRE				JULIO		
	NOVIEMBRE				AGOSTO		
	DICIEMBRE				SEPTIEMBRE		
1981	ENERO				OCTUBRE		
	FEBRERO				NOVIEMBRE		
	MARZO				DICIEMBRE		
	ABRIL			1984	ENERO		
	MAYO				FEBRERO		
	JUNIO				MARZO		
	JULIO				ABRIL		
	AGOSTO						
	SEPTIEMBRE						
	OCTUBRE						
	NOVIEMBRE						
	DICIEMBRE						

Miller v. Woods

Supplemental Claim Form

INSTRUCTIONS: Please print. Fill in as much information as you can. If you need help, call or go into your nearest county welfare department office.

REMEMBER: You must complete this supplemental claim form and get it to the county welfare within 30 days to get any money.

1. NAME OF PERSON WHO PROVIDED PROTECTIVE SUPERVISION DURING THE MONTH(S) CLAIMED: _____

CURRENT ADDRESS: (NUMBER, STREET) _____ APARTMENT/SPACE NUMBER: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

2. NAME OF PERSON WHO RECEIVED PROTECTIVE SUPERVISION DURING THE MONTH(S) CLAIMED: _____

CURRENT ADDRESS: (NUMBER, STREET) _____ APARTMENT/SPACE NUMBER: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

3. Did the person listed in #2 above receive Supplemental Security Income/State Supplemental Program (SSI/SSP) benefits (Gold Check) in any of the following years? Place an X below for each year in which SSI/SSP was received.

☐ 1979 ☐ 1980 ☒ 1981 ☒ 1982 ☐ 1983 ☐ 1984

4. List the average monthly income of the person listed in #2 for the following years:

☐ 1979 ☐ 1980 ☒ 1981 ☒ 1982 ☐ 1983 ☐ 1984

5. Did the person listed in #2 above have average monthly liquid resources (cash, checking or savings account, trust funds, checks or cash in safety deposit box, stocks or bonds, notes, mortgages, deeds) that were in excess of \$1500 (if the person was single) or \$2250 (if the person was married) during the years April 1979 - April 1984? ☐ Yes ☐ No

If Yes, place an X below the year(s) in which the person's average monthly liquid resources were more than \$1500 (if the person was single) or \$2250 (if the person was married).

☐ 1979 ☐ 1980 ☐ 1981 ☐ 1982 ☐ 1983 ☐ 1984

6. **APPLICANT'S STATEMENT:**
BE SURE YOU HAVE READ AND ANSWERED ALL THE QUESTIONS ABOVE.
READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

☐ I understand that the information I put on this form may be verified and that my signature on this form is an authorization for such an investigation.

☐ I, the undersigned, declare under penalty of perjury that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____

7. **WITNESS' STATEMENT:**
Please have the person who can verify that the information you have provided is true and correct sign below.

SIGNATURE OF WITNESS: _____ DATE: _____

ADDRESS: _____ CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO APPLICANT: _____

RELATIONSHIP TO PERSON WHO RECEIVED PROTECTIVE SUPERVISION: _____

Miller contra Woods **Forma para Reclamo Suplemental**

INSTRUCCIONES: Por favor use letra de imprenta. Incluya toda la información que pueda. Si necesita asistencia, llame o vaya a la oficina más cercana del departamento de bienestar del condado.

RECUERDE: Tiene que completar esta forma para reclamo suplemental y hacerla llegar al departamento de bienestar en un plazo de 30 días para poder recibir dinero.

NOMBRE DE LA PERSONA QUE BRINDÓ LA SUPERVISIÓN PROTECTORA DURANTE LOS MESES DEL RECLAMO:

1.

DIRECCIÓN ACTUAL: (NÚMERO, CALLE)

APARTAMENTO/ESPACIO NÚMERO:

CIUDAD:

CONDADO:

ESTADO:

ZONA POSTAL:

NOMBRE DE LA PERSONA QUE RECIBIÓ LA SUPERVISIÓN PROTECTORA DURANTE LOS MESES DEL RECLAMO:

2.

DIRECCIÓN ACTUAL: (NÚMERO, CALLE)

APARTAMENTO/ESPACIO NÚMERO:

CIUDAD:

CONDADO:

ESTADO:

ZONA POSTAL:

3. ¿Recibió la persona que se mencionó en el #2, beneficios de Seguridad de Ingreso Suplemental/Programa Suplementario del Estado (SSI/SSP) (cheque dorado) en cualquiera de los siguientes años? Enseguida coloque una X en cada año en que recibió SSI/SSP.

☐ 1979

☐ 1980

☐ 1981

☐ 1982

☐ 1983

☐ 1984

4. Anote los ingresos mensuales promedio de la persona que se mencionó en el #2 con respecto a los siguientes años.

☐ 1979

☐ 1980

☐ 1981

☐ 1982

☐ 1983

☐ 1984

5. ¿Tuvo la persona que se mencionó en el #2, recursos líquidos mensuales promedio (efectivo, cuenta de cheques o de ahorros, fondos en fideicomiso, cheques o efectivo en una caja de seguridad, acciones o bonos, pagarés, hipotecas, títulos de propiedad) que excedieron \$1,500 dólares (si la persona era soltera) o \$2,250 (si la persona era casada) durante los años de abril de 1979 a abril de 1984?

☐ Sí

☐ No

Si la respuesta es sí, coloque una X en cada año en el cual los recursos líquidos mensuales promedio fueron más de \$1,500 dólares (si la persona era soltera) o \$2,250 (si la persona era casada).

☐ 1979

☐ 1980

☐ 1981

☐ 1982

☐ 1983

☐ 1984

6. **DECLARACIÓN DEL SOLICITANTE:**
 ASEGÚRESE DE QUE HA LEÍDO Y CONTESTADO TODAS LAS PREGUNTAS ANTERIORES.
 LEA CON DETENIMIENTO LA SIGUIENTE DECLARACIÓN ANTES DE FIRMARLA.

☐ Entiendo que la información que dí en esta forma puede ser verificada y que mi firma en la misma da autorización para que se haga dicha investigación.

☐ Yo, el suscrito, declaro bajo pena de perjurio que las respuestas que he dado son correctas y verdaderas según mi mejor entender.

FIRMA DEL SOLICITANTE:

FECHA

7. **DECLARACIÓN DEL TESTIGO:**

Por favor pida que firme abajo la persona que puede verificar que la información que usted nos dió es correcta.

FIRMA DEL TESTIGO:

FECHA

DIRECCIÓN

CIUDAD:

CONDADO:

ESTADO:

ZONA POSTAL:

PARENTESCO CON EL SOLICITANTE:

PARENTESCO CON LA PERSONA QUE RECIBIÓ SUPERVISIÓN PROTECTORA:

MILLER v. WOODS ELIGIBILITY DETERMINATION WORKSHEET - PART I

PROVIDER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

RECIPIENT'S NAME: _____

CASE NUMBER: _____

1. Did the claimant answer "yes" to Questions 2A, B, C on claim form? YES ☐ NO ☐
 If yes, proceed.
 If no, issue denial notice.
2. Did claimant answer "yes" to either question in 2D on claim form? YES ☐ NO ☐
 If yes, proceed
 If no, issue denial notice
 If "unknown", try to locate either case record or record of denial.
 If neither can be located, send Supplemental Claim Form.
3. Do you have any record of a denial or an approval? YES ☐ NO ☐
 If yes, proceed to 4 if an approval, or to 11 if a denial.
 If no, send Supplemental Claim Form.

INSTRUCTIONS: STEPS 4-10 ARE TO BE FOLLOWED WHEN THE PERSON WHO RECEIVED
 PROTECTIVE SUPERVISION WAS AUTHORIZED IHSS DURING THE PERIOD
 CLAIMED.

4. Was case at statutory maximum for any month claimed? YES ☐ NO ☐
 If "yes" deny months in which case was at stat. max.
 If "no" in any month, proceed for months not at stat. max.
5. Is there any information in case record that shows recipient was ineligible for
 protective supervision for reason other than housemate providing it? YES ☐ NO ☐
 If yes, deny claim for months determined ineligible and document reason
 for ineligibility, then proceed to 6 for any remaining months of eligibility.
 If no, proceed to 6.
 If questionable, proceed to 6.
6. Is there any other information (outside the case record) that shows recipient
 was ineligible for protective supervision for reason other than housemate
 providing it? YES ☐ NO ☐
 If yes, deny claim for months determined ineligible and document reason
 for ineligibility, then proceed to 7 for remaining months of eligibility.
 If no, proceed to 7.
7. Was provider a spouse ☐ Relative ☐ Friend ☐ ?
8. If provider was a spouse, compute benefits at the appropriate rate for eligible
 months claimed during the period April 1979 - July 1981
9. If provider was a friend or relative, compute benefits at the appropriate rate for
 eligible months claimed during the period April 1979 - April 1984.
10. Was recipient SI or NSI? YES ☐ NO ☐
 If SI, compute each month using SI maximums, not to exceed the allowable maximum
 for any given month, including costs of previously authorized services.
 If NSI, compute each month using NSI maximums not to exceed the allowable
 maximum for any given month, including costs of previously authorized services.

INSTRUCTIONS: STEPS 11-13 ARE TO BE FOLLOWED WHEN THE PERSON WHO RECEIVED
 PROTECTIVE SUPERVISION WAS DENIED AUTHORIZATION FOR IHSS DURING
 THE PERIOD CLAIMED.

11. Was housemate the reason for denial of protective supervision? YES ☐ NO ☐
 If no, document reason and issue denial notice.
 If no for partial period, document reason for ineligibility during period when
 housemate was not the reason and proceed to 12.
 for period in which housemate was the sole reason for denying protective supervision.
 If yes, proceed to 12.
 If unknown, send Supplemental Claim Form.
12. If housemate was a spouse, compute eligibility at NSI max. for all months claimed within
 the period April 1979 - July 1981.
13. If housemate was a friend or relative, compute eligibility at NSI max. for all months
 claimed within the period April 1979 - April 1984.

SOCIAL SECURITY #

CASE NUMBER:

CASE NUMBER:

Authority Cited: 10553 and 10554 of the Welfare and Institutions Code.

Reference: Superior Court of the State of California, County of San Diego MILLER v. WOODS (case No. 468192) issued February 11, 1988.

OFFICE OF ADMINISTRATIVE LAW

CERTIFICATION

OF

APPROVAL

FILED
In this Office of the Secretary of State
of the State of California

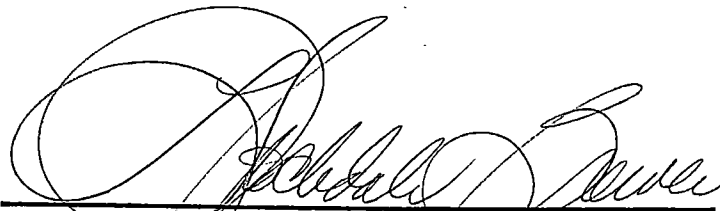
FEB 06 1989

At 4:36 o'clock P.M.
MARCH FONG EU, Secretary of State
By Peter Bates
Deputy Secretary of State

This certifies that the regulations submitted in the rulemaking file identified below were reviewed and approved by the Director of the Office of Administrative Law in the city of Sacramento, state of California.

Submitting Agency: Department of Social Services

DAL File No: 89-0105-01 C



LINDA STOCKDALE BREWER
DIRECTOR

2-6-89

Date